

MEDICAL CERTIFICATE
(For Employment)

INSTRUCTIONS


- a. This medical certificate should be accomplished by a licensed government physician.
- b. Attach this certificate to original appointment, transfer and reemployment.
- c. The results of the following pre-employment medical/physical/**psychological** must be attached to this form:

- ☒ Blood Test
- ☒ Urinalysis
- ☒ Chest X-Ray
- ☒ Drug Test
- ☐ Psychological Test
- ☒ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS
Rasco, Junnie O			DEPARTMENT OF CIVIL ENGINEERING, FACULTY OF ENGINEERING
ADDRESS			
Sagor Southern Lyte			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
27	M	Single	REGULAR TEMPORARY

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically <input checked="" type="checkbox"/> FIT / <input type="checkbox"/> UNFIT for employment.				
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
ELWIN JAY V. YU, MD, MPH. Chief of Hospital I Licensed No. 998800				
AGENCY/Affiliation of Licensed Government Physician:				
USU HOSPITAL				
LICENSE NO.	998800	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
		163	61	O
OFFICIAL DESIGNATION		DATE EXAMINED		
Chief of Hospital I		1-23-25		

Bp
120/80

(Neuro Psychiatric Examination)
Ormoc City (053-832-3123)

Date: 01/21/2025

PURPOSE OF EXAMINATION: _____ EMPLOYMENT _____
NAME: RASCO , JUNNIE O. AGE: 27 SEX: M STATUS: SINGLE
HOME ADDRESS: SOGOD S. LEYTE
EDUCATIONAL ATTAINMENT: COLLEGE GRADUATE
PURPOSE/ DATE OF PREVIOUS NP EXAMINATION _____

FACTORS	ABSENT	LOW	AVERAGE	HIGH
INTELLIGENCE				
1. Capacity for Abstraction			X	
2. Organizational Capacity			X	
3. Learning Activities			X	
4. Alertness			X	
MANNER OF COMMUNICATION PREFERRED				
1. Verbal			X	
2. Non-Verbal			X	
EMOTIONAL STABILITY				
1. Coping with Stress			X	
2. Control of Aggressive hostile impulse			X	
3. Free from neuro tendencies			X	
VALUES				
1. Positive			X	
2. Negative			X	
EDUCATION: Relevant Training			X	
EXPERIENCE: Security Training				
Handling Guns				
Others:				
MOTIVATION: Security Reasons				
Self-esteem / confidence			X	
Others:				
SOCIAL ADAPTABILITY:				
1. With people in general			X	
2. With peers			X	
3. With supervisor			X	
4. With subordinates			X	
WORK ATTITUDES:				
1. Responsibility			X	
2. Loyalty			X	
3. Perseverance			X	
4. Initiative			X	

REMARKS
Psychological: No gross psychological abnormality
Neuro Psychiatric Negative psychiatric disorder.


RECOMMENDATION

FOR FIREARMS LICENCE

____ Recommended for possession
____ Recommended permit to carry
____ Needs training on handling to carry
____ Not recommended

FOR SECURITY GUARDS/OTHERS

☒ Recommended with
____ Recommended risk
____ Needs training
____ Not recommended


LYN L. VERONA, MD
Psychiatrist / NP Screener
Accreditation / PRC No. 80515