MEDICAL CERTIFICATE

(For Employment)

I	N	5	1	K	U	C	1	1	\circ	IA	2

- 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

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

Urinalysis
Chest X-Ray
Drug Test

Medical officer Ty

☐ Psychological Test

Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

DORIA,	KENNETH B	DEPARTMEN OF			
ADDRESS			FOREST SCIENCE,		
BR64. 1	ILOAN, ORN	noc city, LEVTE	VISAYAS STATE UNIVERSIT		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
29	M	SINGLE	INSTRUCTOR)		

AGENCY / ADDRESS

FOR THE LICENSED GOVERNME	NT PHYSIC	CIAN		
I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically				
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Christelle Venus F, Capung M. D.		FORMATION AI POSED APPOIN		
Lic. No. 0156881 U AGENCY/Affiliation of Licensed Government Physician:	orano n			
You Hoontal				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
0136881	181	39	1 0th	
OFFICIAL DESIGNATION	DATE EXAMINED			



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

Date: 08/15/2024

RPOSE OF EXAMINATION:	EMPLOYMENT		CEV. AA	STATUS:	CINCLE
ME: DORIA, KENNETH BRYAN LUSARAN ME ADDRESS: BAYBAY CITY, LEYTE	AGE.	27		31A103	SINGLE
JCATIONAL ATTAINMENT:COLLEGE GRA	DIIATE				
RPOSE/ DATE OF PREVIOUS NP EXAMINATION	DUAIL				
TOSE DATE OF FREVIOUS HE EXAMINATION_			***************************************		
ACTORS	ABSENT		LOW	AVERAGE	HIGH
NTELLIGENCE					
. Capacity for Abstraction				*	
. Organizational Capacity				*	
. Learning Activities		-		×	
Alertness		-		*	
ANNER OF COMMUNICATION PREFERRED		-			
Verbal				×	
. Non-Verbal				*	
MOTIONAL STABILITY		-			
. Coping with Stress		+		×	
. Control of Aggressive hostile impulse				×	
. Free from neuro tendencies				×	
ALUES					
. Positive		_		*	
. Negative		-		^	
DUCATION. Delevent Training		-			
DUCATION: Relevant Training		-		*	
XPERIENCE: Security Training Handling Guns		-			
Others:					
others.					
OTIVATION: Security Reasons				×	
Self-esteem / confidence					
Others:					
OCIAL ADAPTABILITY:					
. With people in general				*	
. With people in general				×	
. With supervisor				×	
. With subordinates				*	
		-			
VORK ATTITUDES:		-		×	
. Responsibility		-		×	
. Loyalty . Perseverance		-		*	
. Perseverance . Initiative				*	

REMARKS

Psychological: No gross psychological abnormality

Neuro Psychiatric Negative psychiatric disorder.

RE(COMMENDATION
	FOR FIREARMS LICENCE
	Recommended for possession
	Recommended permit to carry
	Needs trainingon handling to carry
	Not recommended

FOR SECURITY GUARDS/OTHERS	
Recommended with	
Recommended risk	
Needs training	
Not recommended ()	
Home	

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