

**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:

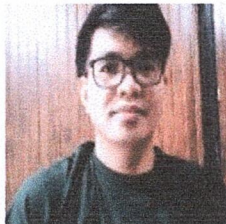
- ☒ Blood Test  
☒ Urinalysis  
☒ Chest X-Ray  
☐ Drug Test  
☐ Psychological Test  
☐ Neuro-Psychiatric Examination (if applicable)

**FOR THE PROPOSED APPOINTEE**

NAME (Last Name, First Name, Name Extension (if any) and Middle Name) <i>POSAS, JIMBO, S.</i>			AGENCY / ADDRESS <i>Planning Office, VSU, Brz. Pangasinan, Baybg City, Laysk</i>	
ADDRESS <i>Bray Marcos, Baybay City, Laysk</i>				
AGE <i>30</i>	SEX <i>male</i>	CIVIL STATUS <i>single</i>	PROPOSED POSITION <i>Planning officer 1</i>	

**FOR THE LICENSED GOVERNMENT PHYSICIAN**

<i>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.</i>					
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: <i>[Signature]</i> <i>ELWIN JAT V. YU, MD, MPH</i>			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician: <i>VSU Hospital</i>					
LICENSE NO. <i>hc. No. 098800</i>			HEIGHT (M) Bare Foot <i>1.68m</i>	WEIGHT (KG) Stripped <i>76.5</i>	BLOOD TYPE <i>O+</i>
OFFICIAL DESIGNATION <i>chief hospital</i>			DATE EXAMINED <i>2/5/25</i>		



RH962194

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DEPARTMENT OF HEALTH  
TNB DRUG TESTING DIAGNOSTIC LABORATORY  
AUNUBING STREET, COGON COMBADO, ORMOC CITY, LEYTE 6541

Phone Number (053)832-3123

**DRUG TEST REPORT**

CCF No: 202502050013

Name: POSAS, JIMBO SORIA

Birthdate: 07/21/1994 Age: 30

Gender: M

Transaction Date Time: 2/5/2025 9:33:00AM

Report Date Time: 2/6/2025 2:26:40PM

Test Method TEST KIT

Purpose

Others

Result

Requesting Parties

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	PASSED
TETRAHYDROCANNABINOL	NEGATIVE	PASSED

Test Conducted By

55 MELISSA ROSE VILLAHERMOSA EMPLEO

Analyst

Approved By

DR. JENNIFER DUCUSIN ABIERAS

Head of Laboratory

55

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report





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

Date: 02/06/2025

PURPOSE OF EXAMINATION: EMPLOYMENT  
NAME: POSAS, JIMBO SORIA Age: 30 SEX: F C.S.: SINGLE  
HOME ADDRESS: BAYBAY CITY, 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				
VALUES				
1. Positive			X	
2. Negative				
EDUCATION: Relevant Training			X	
EXPERIENCE: Security Training				
Handling Guns				
Others:				
MOTIVATION: Security Reasons			X	
Self-esteem / confidence				
Others:				
SOCIAL ADAPTABILITY:				
1. With people in general			X	
2. With peers			X	
3. With supervisor			X	
4. With subordinates				
WORK ATTITUDES:				
1. Responsibility			X	
2. Loyalty			X	
3. Perseverance			X	
4. Initiative			X	

REMARKS  
Psychological: No gross psychological abnormality  
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**