

**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>ALECKRE, JOTHAM LLOYD YAP</i>			AGENCY / ADDRESS <i>DOPAC</i>
ADDRESS <i>BAGY SAN ISIDRO, BARMOC CAY</i>			
AGE <i>23</i>	SEX <i>M</i>	CIVIL STATUS <i>SINGLE</i>	PROPOSED POSITION <i>PART TIME INSTRUCTOR</i>

**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"/> <b>FIT</b> / <input type="checkbox"/> <b>UNFIT</b> for employment.			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: <i>[Signature]</i> Christelle Venus F. Capuno, M.D. Lic. No. 0156881		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician: <i>DR. VSM USTEN</i>			
LICENSE NO. <i>0156881</i>	HEIGHT (M) Bare Foot <i>165 cm</i>	WEIGHT (KG) Stripped <i>65 kg</i>	BLOOD TYPE
OFFICIAL DESIGNATION <i>Medical Officer III</i>	DATE EXAMINED <i>18 August 2025</i>		