



Republic of the Philippines  
 Department of Education  
**Cordillera Administrative Region**  
**DIVISION OF BAGUIO CITY**



## MEDICAL CERTIFICATE

\_\_\_\_\_  
 (Date)

**To Whom It May Concern:**

This is to certify that I have personally examine  
 Mr./Ms. \_\_\_\_\_, and have found that  
 he/she is fit to join and coach/chaperon from the lower meets up to  
 Palarong Pambansa 2012.

**Event:** \_\_\_\_\_

**Individual Information:**

School: \_\_\_\_\_ Level: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Civil Status: \_\_\_\_\_ Contact No: \_\_\_\_\_  
 In case of Emergency (contact person): \_\_\_\_\_  
 Address: \_\_\_\_\_ Contact No. \_\_\_\_\_

**Physical Examination**

Height \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure \_\_\_\_\_  
 Pulse, Resting \_\_\_\_\_ Respiratory Rate \_\_\_\_\_

Other Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Physician/Medical Officer  
 (Signature over printed name)  
 License No. \_\_\_\_\_  
 PTR.: \_\_\_\_\_  
 Date: \_\_\_\_\_