

REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF EDUCATION  
CORDILLERA ADMINISTRATIVE REGION  
DIVISION OF BAGUIO CITY

DIVISION MEMORANDUM  
No. 06 s. 2017

SCHEDULE OF THE MEDICAL/DENTAL EXAMINATION OF ATHLETES  
FOR CARAA 2017

January 4, 2017

1. CARAA 2017 is set on February 4-10, 2017. In preparation for this activity, the School Health and Nutrition Section shall conduct the regular medical/dental examination of athletes at **Baguio Central School at 9:00 AM to 4:00 PM** on the following schedules:

a. **January 12, 2017 ( Thursday )**

**9:00 AM to 12:00 NN**

Athletics	Kadang-kadang
Baseball	Sangol
Billiards	Softball
Boxing	

**1:00 PM to 4:00 PM**

Archery	Table Tennis
Badminton	Volleyball
Lawn Tennis	Wrestling

b. **January 13, 2016 (Friday)**

**9:00 AM to 12:00 NN**

Arnis	Taekwondo
Basketball	Wushu
Sepak Takraw	

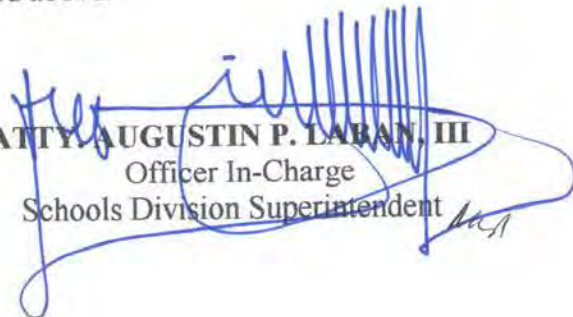
**1:00 PM to 4:00 PM**

Special Events	
Chess	Futsal
Football	Gymnastics

2. Athletes/Coaches/Officiating officials who were examined last December 2016 and found Physically Fit **DO NOT NEED** to come for a new **Medical Certificate** as their Medical Certificate will still be valid until February 2017.

3. For **combative sports only (Arnis, Boxing, Taekwondo, Wrestling, Wushu)**, include Form 2 and Form 3. **Form 2 shall be signed by the parents or guardians of the athlete concerned.**

3. For the **Dental Certificate of Athletes**, please check the entries signed by the dentist at the bottom of the Dental Certificate Form. If the entries for the **Division Meet and Regional Meet** have been signed by the dentist, there is **no need** to come for dental examination. Their Dental Certificate will be valid until February 2017.
4. It is advised that all athletes who shall undergo medical examination are to present themselves to the medical team with trimmed fingernails, clean cut haircut with no earrings for males and pony tails for females with long hair.
5. Please see attached Medical Certificate, Medical Certificate Form 2, Medical Certificate Form 3, and Dental Certificate for reference of official forms to be used.
6. Signed Parent's Consent/Waiver and other pertinent documents shall be duly accomplished prior to the medical/dental check-up.
7. Please follow **strictly** the schedules provided above.

  
**ATTY. AUGUSTIN P. LABAN, III**  
Officer In-Charge  
Schools Division Superintendent





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(Division)



\_\_\_\_\_  
(School)

\_\_\_\_\_  
(School Address)

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

## MEDICAL CERTIFICATE

### To Whom It May Concern:

This is to certify that I have personally examined \_\_\_\_\_  
Name  
age \_\_\_\_\_ sex \_\_\_\_\_ born on \_\_\_\_\_ and have found that he/she is  
physically fit, during the time of examination, to join and compete in the lower meets and  
Palarong Pambansa.

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

### Physical Examination

Date examined: \_\_\_\_\_

Height \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Pulse, Resting \_\_\_\_\_ Respiratory Rate \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Physician/Medical Officer  
(Signature over printed name)

License No. \_\_\_\_\_

PTR.: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR PALARONG PAMBANSA ONLY**



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## MEDICAL CERTIFICATE

(Form 2)

QUESTION FOR ATHLETE: IF THE ANSWER IS YES, PLEASE EXPLAIN.

1. Is a doctor currently treating you for anything?

\_\_\_\_\_

2. Have you ever been unconscious or had a head injury or concussion?

\_\_\_\_\_

3. Have you been hit hard in the head in the last 6 weeks?

\_\_\_\_\_

4. Have you had any headache in the last 2 week?

\_\_\_\_\_

5. Do you have any problem in bleeding?

\_\_\_\_\_

6. Do you have a history of hepatitis B hepatitis C of HIV inpection?

\_\_\_\_\_

7. Does any disease run in your family ? Sudden unexpected death?

\_\_\_\_\_

8. Have you had any surgery?

\_\_\_\_\_

9. Have you ever had to stay in a hospital?

\_\_\_\_\_

10. Do you have any medical condition?

\_\_\_\_\_

\_\_\_\_\_  
Name of Athlete

\_\_\_\_\_  
Parent/Guardian

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\_\_\_\_\_

(School)

\_\_\_\_\_

(School Address)

**(Form 3)**

MEDICAL CERTIFICATE				ABNORMALITIES
If Athlete had a head injury or Concussion in the past year please certify that:	Medical Examination following post period after Concussion was normal Athlete Fit to Box	Normal	Abnormal	
General Medical Exam	List abnormalities not covered in specific system exams below:			
Mental Status/ Psychological	Briet survey	Normal	Abnormal	
Head	Cranial nerves, eyes, pupil size and reactivity. Fundi, Vision by chart (record)	Normal	Abnormal	
	Mouth, teeth, throat, nose	Normal	Abnormal	
	Temporomandibular joint	Normal	Abnormal	
Neck	Cervical spine, lymph nodes	Normal	Abnormal	
Chest	Breath sounds, rib tenderness	Normal	Abnormal	
Cardio Vascular System	Pulse/ blood pressure (record)	Normal	Abnormal	
	Heart examination: sounds, murmurs, heaves, size, rhythm	Normal	Abnormal	
Orthopedic System	Upper limb: shoulder wrist, hand, fingers	Normal	Abnormal	
	Lower limb: (ankle, knee, hip	Normal	Abnormal	
Neucological System	Relaxes	Normal	Abnormal	
	Vorbal reponses	Normal	Abnormal	
	Motor responses and balance	Normal	Abnormal	
Asthma	(record)	Yes	No	
Allergies	Type of reaction (record)			
Medications used	Name and dosage (record)	Yes	No	

Any TUE Submitted?  NO  YES (If YES, Please explain)

Name of Athlete \_\_\_\_\_

Name of MD \_\_\_\_\_

Lic. Number: \_\_\_\_\_

Date: \_\_\_\_\_

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