



Republic of the Philippines  
**DEPARTMENT OF EDUCATION**

\_\_\_\_\_  
(Region)

\_\_\_\_\_  
(Division)

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

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

## **MEDICAL CERTIFICATE**

### **(Arnis, Boxing, Taekwondo, Wrestling & Wushu)**

QUESTION FOR ATHLETE: IF YES, EXPLAIN

1. Is a doctor currently treating you for anything?

\_\_\_\_\_

2. Have you ever been unconscious or had a 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. Does any disease run in your family ? Sudden unexpected death?

\_\_\_\_\_

7. Have you had any surgery?

\_\_\_\_\_

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

\_\_\_\_\_

9. Do you have any other medical condition?

\_\_\_\_\_

FOR PALARONG PAMBANSA ONLY