



Republic of the Philippines
DEPARTMENT OF EDUCATION

_____ (Region)

_____ (Division)

_____ (School)

_____ (School Address)

MEDICAL CERTIFICATE (BASED ON VISUAL, PHYSICAL ASSESSMENT & INTERVIEW) DATE OF EXAMINATION: _____				REMARKS (FOR ANY ABNORMALITIES)
If Athlete had a Concussion in the past year. Please note if any: _____	Medical Examination following post period after Concussion was normal.	Normal	Abnormal	
General Medical Exam Mental Status/ Psychological	List of abnormalities not covered in specific system exams below: Brief survey			
(a) 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	
(b) Neck	Cervical spine, lymph nodes	Normal	Abnormal	
(c) Chest	Breath sounds, rib tenderness on compression	Normal	Abnormal	
(d) Cardio Vascular System	Pulse/ blood pressure (record)	Normal	Abnormal	
	Heart examination: sounds, murmurs, heaves, size, rhythm	Normal	Abnormal	
(e) Orthopedic System	Upper limb: shoulder wrist, hand, fingers	Normal	Abnormal	
	Lower limb: (ankle, knee, hip)	Normal	Abnormal	
(f) Neurological System	Relaxes	Normal	Abnormal	
	Verbal responses	Normal	Abnormal	
	Motor responses and balance	Normal	Abnormal	
(g) Asthma	(record)	Yes	No	
(h) Allergies	Type of reaction (record)			
(i) Medications used	Name and dosage (record)	Yes	No	

Name of Athlete: _____

Fit to Play

Not Fit to Play

Name of MD _____
 License Number: _____

FOR PALARONG PAMBANSA ONLY



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