



Republic of the Philippines
DEPARTMENT OF EDUCATION

(Region)

(Division)

(School)

(School Address)

MEDICAL CERTIFICATE

(Date)

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