



Republic of the Philippines
Department of Education



(Region)

(Division)

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: _____