



Republic of the Philippines  
**Department of Education**  
REGION V (Bicol)  
 (Region)  
CATANDUANES  
 (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: \_\_\_\_\_