Revised as of February 2024

MCForm - 3

Republic of the Philippines
**DEPARTMENT OF EDUCATION**
Region VI
(Region)
ANTIQUE
(Division)
**NAME OF SCHOOL**
(School)
**ADDRESS OF SCHOOL**
(School Address)

# MEDICAL CERTIFICATE
## (COACHES, ASSISTANT COACHES, CHAPERONE)

January 12, 2024
(Date)

**To Whom It May Concern:**

This is to certify that I have personally examined **MARIANNE YLADE PAHILGA**
Name
age 27 sex F and have found that he/she is physically [ ] fit [ ] unfit, during the time of examination, to join and participate in the lower meets up to Palarong Pambansa.

Event: BADMINTON SECONDARY

**Physical Examination**

| | | |
|---|---|---|
| School/Intrams/District Meet<br><br>**KRISTINE MARIE A. GADAYAN, MD**<br>MEDICAL OFFICER III – SDO ANTIQUE<br>PRC<br>LICENSE: **0510137** PTR NO. **7217386** | Remarks/Findings:<br>Ht ._____cm Wt:_____kg<br>BP._____mmHg<br>PR:_____bpm<br>RR:_____cpm | [ ] FIT<br>[ ] UNFIT<br>Date: |
| Unit/Division Meet<br><br>**KRISTINE MARIE A. GADAYAN, MD**<br>MEDICAL OFFICER III – SDO ANTIQUE<br>PRC<br>LICENSE: **0510137** PTR NO. **7217386** | Remarks/Findings:<br>Ht ._____cm Wt:_____kg<br>BP._____mmHg<br>PR:_____bpm<br>RR:_____cpm | [ ] FIT<br>[ ] UNFIT<br>Date: |
| Regional Meet<br><br>**KRISTINE MARIE A. GADAYAN, MD**<br>MEDICAL OFFICER III – SDO ANTIQUE<br>PRC<br>LICENSE: **0510137** PTR NO. **7217386** | Remarks/Findings:<br>Ht ._____cm Wt:_____kg<br>BP._____mmHg<br>PR:_____bpm<br>RR:_____cpm | [ ] FIT<br>[ ] UNFIT<br>Date: |



**FOR SCHOOL SPORTS (Lower Meet up to Palarong Pambansa)**

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*Revised as of February 2024*

| | | |
|---|---|---|
| Palarong Pambansa<br><br>_____<br>Physician/Medical Officer<br>*(signature over printed name)*<br>PRC<br>LICENSE: PTR NO. | Remarks/Findings:<br>Ht ._____cm Wt:_____kg<br>BP._____mmHg<br>PR:_____bpm<br>RR:_____cpm | ☐ FIT<br>☐ UNFIT<br>Date: |

# M E D I C A L C E R T I F I C A T E
## (COACHES, ASSISTANT COACHES, CHAPERONE)

XXXXXXX
(Date)

**To Whom It May Concern:**

This is to certify that I have personally examined Name age XX sex XX and have found that he/she is physically [ ] fit [ ] unfit, during the time of examination, to join and participate in the lower meets up to Palarong Pambansa.

Event: VXVXVXVXVX

**Physical Examination**

| | | |
|---|---|---|
| School/Intrams/District Meet<br><br>**KRISTINE MARIE A. GADAYAN, MD**<br>MEDICAL OFFICER III – SDO ANTIQUE<br>PRC<br>LICENSE: **0510137** PTR NO. **7217386** | Remarks/Findings:<br>Ht ._____cm Wt:_____kg<br>BP._____mmHg<br>PR:_____bpm<br>RR:_____cpm | ☐ FIT<br>☐ UNFIT<br>Date: |
| Unit/Division Meet<br><br>**KRISTINE MARIE A. GADAYAN, MD**<br>MEDICAL OFFICER III – SDO ANTIQUE<br>PRC<br>LICENSE: **0510137** PTR NO. **7217386** | Remarks/Findings:<br>Ht ._____cm Wt:_____kg<br>BP._____mmHg<br>PR:_____bpm<br>RR:_____cpm | ☐ FIT<br>☐ UNFIT<br>Date: |

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| | | |
|---|---|---|
| Regional Meet<br><br>_____<br>**KRISTINE MARIE A. GADAYAN, MD**<br>MEDICAL OFFICER III – SDO ANTIQUE<br>PRC<br>LICENSE: **0510137** PTR NO. **7217386** | Remarks/Findings:<br>Ht ._____cm Wt:_____kg<br>BP._____mmHg<br>PR:_____bpm<br>RR:_____cpm | ☐ FIT<br>☐ UNFIT<br>Date: |
| Palarong Pambansa<br><br>_____<br>Physician/Medical Officer<br>*(signature over printed name)*<br>PRC<br>LICENSE: PTR NO. | Remarks/Findings:<br>Ht ._____cm Wt:_____kg<br>BP._____mmHg<br>PR:_____bpm<br>RR:_____cpm | ☐ FIT<br>☐ UNFIT<br>Date: |



**FOR SCHOOL SPORTS (Lower Meet up to Palarong Pambansa)**