Republic of the Philippines
DEPARTMENT OF EDUCATION
Region VII
(Region)
Mandaue City Division
(Division)
School
(School)

(School Address)

MEDICAL CERTIFICATE
(COACHES, ASSISTANT COACHES, CHAPERONE)

XXXXXXX
(Date)

To Whom It May Concern:

This is to certify that I have personally examined XXXXXXX
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 Physician/Medical Officer *(signature over printed name)* PRC LICENSE: PTR NO.	Remarks/Findings: Ht ._____cm Wt:_____kg BP._____mmHg PR:_____bpm RR:_____cpm	☐ FIT ☐ UNFIT Date:
Unit/Division Meet Physician/Medical Officer *(signature over printed name)* PRC LICENSE: PTR NO.	Remarks/Findings: Ht ._____cm Wt:_____kg BP._____mmHg PR:_____bpm RR:_____cpm	☐ FIT ☐ UNFIT Date:
Regional Meet Physician/Medical Officer *(signature over printed name)* PRC LICENSE: PTR NO.	Remarks/Findings: Ht ._____cm Wt:_____kg BP._____mmHg PR:_____bpm RR:_____cpm	☐ FIT ☐ UNFIT Date:
Palarong Pambansa Physician/Medical Officer *(signature over printed name)* PRC LICENSE: PTR NO.	Remarks/Findings: Ht ._____cm Wt:_____kg BP._____mmHg PR:_____bpm RR:_____cpm	☐ FIT ☐ UNFIT Date:

FOR SCHOOL SPORTS (Lower Meet up to Palarong Pambansa)