**M E D I C A L C E R T I F I C A T E**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)

**To Whom It May Concern:**

This is to certify that I have personally examined \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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.

Name

Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physical Examination**

Date examined: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Height |  | | Weight: |  | Blood Pressure |  |
| Pulse, Resting | |  | | | Respiratory Rate |  |
| Other Remarks: | |  | | |  |  |
|  | |  | | |  |  |
|  | |  | | |  |  |

THERESA P. PARAYNO, M.D.

Physician/Medical Officer III

*(Signature over printed name)*

License No. **73306**

PTR.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_