



BATANG PINOY 2023



MEDICAL CLEARANCE

PHYSICAL EXAMINATION

Height _____ Weight _____

Temperature _____ Blood Pressure _____

Pulse Rate, Resting _____ Respiratory Rate _____

Other remarks: _____

I hereby certify that _____ underwent medical
(Full name of athlete)

check-up on _____ at _____
(Date) (Address)

and was diagnosed **FIT TO COMPETE** in BATANG PINOY 2023.

Physician/Medical Officer

(Signature over printed name)

License No. _____

PTR: _____

Date: _____