



# ATHLETE'S MEDICAL CERTIFICATE

To whom it may concern:

This is to certify that I have personally examined \_\_\_\_\_, Full name of athlete  
 he/she underwent medical check-up on \_\_\_\_\_ at \_\_\_\_\_, Date Address  
 and have found that he/she is physically \_\_\_\_\_ **FIT** or \_\_\_\_\_ **UNFIT** during the time of  
 examination, to participate in the **BATANG PINOY 2024**.

### PHYSICAL EXAMINATION

Height \_\_\_\_\_ Weight \_\_\_\_\_  
 Temperature \_\_\_\_\_ Blood Pressure \_\_\_\_\_  
 Pulse Rate, Resting \_\_\_\_\_ Respiratory Rate \_\_\_\_\_

	<b>NORMAL</b>		<b>NORMAL</b>
EYES	___ YES ___ NO	CHEST AND LUNGS	___ YES ___ NO
EAR, NOSE & THROAT	___ YES ___ NO	ABDOMEN	___ YES ___ NO
MOUTH & TEETH	___ YES ___ NO	SKIN	___ YES ___ NO
NECK	___ YES ___ NO	MUSCULOSKELETAL	___ YES ___ NO
CARDIOVASCULAR	___ YES ___ NO	NEUROMUSCULAR	___ YES ___ NO

Other remarks: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Physician/Medical Officer  
*(Signature over printed name)*

License No. \_\_\_\_\_

PTR No.: \_\_\_\_\_

**\*Note: Please ensure the completion of all the required information stated in this form before submission on or before October 15, 2024, to prevent delays in the validation process**