



BATANG PINOY 2022



MEDICAL CLEARANCE

PHYSICAL EXAMINATION

Height _____ Weight _____
Temperature _____ Blood Pressure _____
Pulse Rate, Resting _____ Respiratory Rate _____

Other remarks: _____

COVID-19 VACCINATION RECORD

Brand: _____
Date: (1st Primary Dose) _____ (2nd Primary Dose) _____

BOOSTER SHOTS

Brand: _____
Date: (1st Booster Dose) _____ (2nd Booster Dose) _____

***NOTE:**

- 11 years old and younger (1st and 2nd dose)
- 12 - 15 years old (2 shots + booster)

I hereby certify that _____ underwent medical
(Full name of athlete)
check-up on _____ at _____
(Date) (Address)
and was diagnosed fit to compete in the Batang Pinoy 2022.

Physician/Medical Officer

(Signature over printed name)

License No. _____
PTR: _____
Date: _____