



## ATHLETE'S MEDICAL CERTIFICATE (MCERT)

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** to participate in the  
**BATANG PINOY GAMES 2025, General Santos City.**

### PHYSICAL EXAMINATION

Height \_\_\_\_\_ Weight \_\_\_\_\_

Temperature \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Pulse Rate, Resting \_\_\_\_\_ Respiratory Rate \_\_\_\_\_

	<u>NORMAL</u>		<u>NORMAL</u>
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 August 08, 2025, to prevent delays in the validation process**