



## 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**