### Physical Examination

**Event:**

During the time of examination, to join and participate in the lower meets up to the title meets.

**Fit:**

Age, sex, and have found that he/she is physically fit.

To Whom It May Concern:

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**Medical Certificate**

Department of Education

Republic of the Philippines

Reviewed on September 16, 2019

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**Patient Information**

- **Date:**
- **Name:**
- **Signature:**

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**Examination Details**

1. **Height:**
   - **Weight:**
   - **BMI:**

2. **VITAL SIGNS:**
   - **Blood Pressure:**
   - **Heart Rate:**
   - **Respiration Rate:**

3. **GENERAL APODEMY:**
   - **Skin:**
   - **Hair:**
   - **Nails:**

4. **HEART:**
   - **Lungs:**
   - **Abdomen:**

5. **NECK:**
   - **Shoulder:**
   - **Spine:**
   - **Neck:**

6. **ARMS/Feet:**
   - **Hands:**
   - **Fingers:**
   - **Feet:**

7. **HANDS & FEET:**
   - **Nails:**
   - **Skin:**
   - **Temperature:**

8. **OTHER:**
   - **Medication:**
   - **Allergies:**

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**School/District Meet**

- **Date:**
- **Unit:**

**Regional Meet**

- **Date:**
- **Unit:**

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**Parental Permission**

I hereby consent to the participation of the student in the lower meets up to the title meets.

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**Certification:**

- **Name:**
- **Signature:**

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**Department of Education**

Republic of the Philippines

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