**MEDICAL CERTIFICATE**

\_\_\_\_\_\_\_\_semester, Academic Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Examination:** | | | |  | | | | | | | | | | | |
| **Name:** |  | | | | | | | | **Age:** | | |  | **Gender:** |  | |
| **Position/Year Level:** | | |  | | | | **Program/Department:** | | |  | | | | |
| **Emergency Contact Name:** | | | | |  |  | | | | | | | | | |
| **Relationship:** | |  | | | | | | **Tel/CP No.** | | |  | | | | |

To whom it may concern,

This is to certify that Mr./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_ years old, from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ was seen and examined on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Diagnosis/impression: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Advised to take medications and rest for \_\_\_\_\_\_\_\_\_\_\_\_\_

**Purpose:**

🞏 Excuse Slip 🞏 Off school activity 🞏 OJT 🞏 Sports 🞏 ROTC 🞏 Others: \_\_\_\_\_\_\_\_\_\_

**Recommendation/s:**

🞏 Return to Class 🞏 Sent home 🞏 To hospital of choice

🞏 Physically fit/ Cleared without restrictions at the time of examination

🞏 Cleared, with recommendations for further evaluation or treatment for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Not Cleared: 🞏 All sports 🞏 Certain sports 🞏 Activity, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Signature Over Printed Name School Nurse*  *License Number: \_\_\_\_\_\_\_\_\_*  *PTR No: \_\_\_\_\_\_\_\_\_\_\_\_* |  | *Signature Over Printed Name School Physician*  *License Number: \_\_\_\_\_\_\_\_\_*  *PTR No: \_\_\_\_\_\_\_\_\_\_\_\_* |

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