**MEDICAL CERTIFICATE**

\_\_\_${sem}\_\_semester, Academic Year: \_\_\_\_\_\_\_\_${ay}\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Examination:** | | | | **${date}** | | | | | | | | | | | |
| **Name:** | **${pn}** | | | | | | | | **Age:** | | | **${age}** | **Gender:** | **${g}** | |
| **Position/Year Level:** | | |  | | | | **Program/Department:** | | | **${pro} / ${col}** | | | | |
| **Emergency Contact Name:** | | | | |  | **${ecn}** | | | | | | | | | |
| **Relationship:** | | **${gr}** | | | | | | **Tel/CP No.** | | | **${ecno}** | | | | |

To whom it may concern,

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

Diagnosis/impression:   
 ${dia}

${ad} Advised to take medications and rest for \_\_\_${ur}\_\_\_\_

**Purpose:**

${ex} Excuse Slip ${of} Off school activity ${of} OJT ${spo}Sports ${rot} ROTC ${oth}Others: \_\_${uo}\_\_\_

**Recommendation/s:**

${ret} Return to Class ${csh} Sent home ${cho} To hospital of choice

${cf} Physically fit/ Cleared without restrictions at the time of examination

${e} Cleared, with recommendations for further evaluation or treatment for \_\_\_\_\_${ue}\_\_\_\_\_\_\_

${cn} Not Cleared: ${cs} All sports ${cc} Certain sports ${cc} Activity, please specify: \_\_\_\_\_${ua}\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| ${sn\_n} |  | ${sp\_n} |
| *Signature Over Printed Name School Nurse*  *License Number: ${sn\_l}*  *PTR No: ${sn\_p}* |  | *Signature Over Printed Name School Physician*  *License Number: ${sn\_l}*  *PTR No: ${sn\_p}* |

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