

## POLYTECHNIC UNIVERSITY OF THE PHILIPPINES Medical Services Department Sta. Mesa, Manila

## MATRIX OF REQUEST FOR MEDICAL CLEARANCE WITH FINDINGS

NAME OF CLINIC:	PURPOSE:								MONTH-YEAR:		
NAME/S	COLLEGE/YEAR	AGE	GEN M	I <b>DER</b>	sc	PWD	DATE OF REQUEST	DATE ACTED UPON	SIGNATURE	M.D. SIGNATURE	REMARKS
Prepared by:								Noted by:			
repared by.								Noteu by.			
Nurse									Medical	Officer	

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