

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

MATRIX OF REQUEST FOR MEDICAL CLEARANCE

NAME OF CLINIC:	PURPOSE:						MONTH-YEAR:				
	COURSE YR/SEC. /DEPARTMENT	A G E	GENDER			P W	DATE OF REQUEST	DATE ACTED UPON	SIGNATURE	REMARKS	
		Е	M	F	SC	D	REQUEST	UPON			
epared by:	·	•	•	•		•	Noted l	oy:			
Nurse		Medical Officer									

Ground Floor, East Wing, PUP A. Mabini Campus, Anonas Street, Sta. Mesa, Manila 1016 Trunk Line: 335-1787 or 335-1777 local 385 (Medical Director's Office), 312 (Clinic) Website: www.pup.edu.ph | Email: medical@pup.edu.ph







