



SOUTHERN LEYTE STATE UNIVERSITY

Main Campus, San Roque, Sogod, Southern Leyte
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Excellence | Service | Leadership and Good Governance | Innovation | Social Responsibility | Integrity | Professionalism | Spirituality

Medical Certificate

Course: _____

School Year: _____

PERSONAL INFORMATION			
Name:			Age:
Date of birth:		Weight (kg.):	Height (cm.):
Blood type:	Allergies (if any):	Medications (if any):	
Address:			Contact no.:
Temperature:	Pulse rate:	Respiratory rate:	Blood pressure:

THIS IS TO CERTIFY that _____, male/female,

_____ was physically examined by the undersigned and was diagnosed of:
course & year level

DIAGNOSIS:

REMARKS:

THIS CERTIFICATION IS ISSUED upon request of the above-name student/employee as requirement for:

- On-the-Job Training
- Return for work
- Travel
- Off-campus activity
- Others, please specify _____

Signature over Printed Name of Attending Physician
Date: _____

License Number

