



**TAUMBAYAN AND
MASUNOD**
1996

CALAPAN CITY ATHLETIC ASSOCIATION
Season 18
Inter-Collegiate Sports Tournament 2023



PHYSICAL EXAMINATION

Height _____ Weight _____

Temperature _____ Blood Pressure _____

Pulse Rate, Resting _____ Respiratory Rate _____

Other remarks: _____

COVID-19 VACCINATION RECORD

Brand: _____

Date: (1st Primary Dose) _____ (2nd Primary Dose) _____

BOOSTER SHOTS

Brand: _____

Date: (1st Booster Dose) _____ (2nd Booster Dose) _____

I hereby certify that _____ underwent medical
(Full name of athlete)

check-up on _____ at _____
(Date) (Address)

and was diagnosed fit to compete in the CCAA Season 18.

Physician/Medical Officer

(Signature over printed name)

License No. _____

PTR: _____

Date: _____