**MEDICAL CERTIFICATE**

The Screening Committee;

{name}

{age}

This is to certify that Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_ yrs old with postal address at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been physically examined by the undersigned on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with the following findings:

{fit}

REMARKS Physically fit to participate

{un}

Unfit to participate

Reason/s {reasons}

This certification is issued for PRISAA purposes only for use in the following levels of competition.

SPORTS/EVENT : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NEGROS ISLAND**

PROVINCE/CITY : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REGION 18/NIR**

REGION : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Competition Venue/Place Date**

{provVenue}

{provDate}

Provincial/City Cluster \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

{regDate}

{regVenue}

Regional Meet \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

{natDate}

{natVenue}

National Meet \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

{signature}

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

{2X2 picture}

Signature over Printed Name of Attending Physician

Date: \_\_\_\_\_\_\_\_\_\_\_ License # : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VOCAL SOLO**

**VOCAL SOLO**