



# PHILIPPINE NATIONAL GAMES 2023



## MEDICAL CLEARANCE

### PHYSICAL EXAMINATION

Height \_\_\_\_\_ Weight \_\_\_\_\_

Temperature \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Pulse Rate, Resting \_\_\_\_\_ Respiratory Rate \_\_\_\_\_

Other remarks: \_\_\_\_\_

\_\_\_\_\_

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

check-up on \_\_\_\_\_ at \_\_\_\_\_  
(Date) (Address)

and was diagnosed **FIT TO COMPETE** in PHILIPPINE NATIONAL GAMES 2023.

\_\_\_\_\_  
**Physician/Medical Officer**

(Signature over printed name)

License No. \_\_\_\_\_

PTR: \_\_\_\_\_

Date: \_\_\_\_\_