



Bureau of Corrections

Document Reference Code
AAR-PR-001-F011

Revision No.
0

Effectivity Date
01/05/2018

MEDICAL CERTIFICATE

Page 1 of 1

Date: _____

Name: _____ Age _____ P.N.: _____ Cell No.: _____

Work/Section Assign: _____

Past Medical History:

- (-) Neurological: _____
- (-) HEENT: _____
- (-) Heart: _____
- (-) Lungs: _____
- (-) Gastrointestinal: _____
- (-) Liver / Kidney: _____
- (-) Others: _____
- (-) Hernia / Hemorrhoid: _____
- (-) Genetic: _____
- (-) Endocrine: _____
- (-) Genital / Reproductive: _____
- (-) Trauma: _____
- (-) Surgery: _____

Physical Examinations:

Vital Signs/Statistics BP: _____ CR: _____ RR: _____ T: _____ Ht.: _____ Wt.: _____

General Survey: medium built, ambulatory, coherence, not in cardiorespiratory distress

HEENT:

CLAD

oral:

HEART: _____ precordium; normal rate ; _____ rhythm; (-) murmur

CHEST/LUNGS: _____ chest expansion; breath sounds clear; (-) rales (-) wheezes

ABDOMEN: _____ bowel sound _____ soft, (-) tenderness on palpation;

(-) organomegaly; (-) kidney punch

EXTREMITIES: (-) gross defect; if yes what? _____

SKIN: (-) lesions: _____

(-) healed scars: _____

Laboratory:

Assessment:

No Gross Physical Defect during Examination

REMARKS: _____

This is to certify that the above-subject inmate has undergone the necessary Medical/Physical examinations and is found FIT / NOT FIT to do weight-lifting exercises at the recreational grounds.

Medical Specialist I

Asst. Athletic Officer