



Bureau of Corrections

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MEDICAL CERTIFICATE

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Date: _____

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

Work/Section Assign: _____

Past Medical History:

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

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