Our Lady of Mercy School of Quezon City
Shaping The Future Today
Commonwealth Ave., Cor J.P.Rizal, Batasan Hills, Quezon City 1126 Ph:+632-3428-4745 www.olms.edu.ph

MEDICAL CERTIFICATE
(to be accomplished by the applicant's physician)

Name of Student:_____ Birthday:_____ Age:_____

Home Address: _____

PHYSICAL EXAMINATION

Date Examined: _____

HT:_____ WT:_____ BP:_____ HR: _____ PR:_____

General Appearance:_____

Head and Neck: _____

Vision (if done) Left: _____ Hearing (if done) Left :_____

Right:_____ Right:_____

Heart: _____ Lungs: _____

Abdomen: _____ Ext. Genitalia: _____

Extremities: _____ Skin: _____

1. How long have you known the student: _____

   PAST HISTORY/DISEASES : _____

   _____

2. Is the student suffering from any chronic illness at present? Yes: _____ No: _____
   If yes, please state:
   a. Nature of Illness: _____
   b. Present treatment: _____
   c. Any restrictions of physical activities: _____

_____

d. Special Precaution: _____

_____

RECOMMENDATION: _____

_____

Signature: _____

Print Name of Physician: _____

License No: _____

Address: _____

_____

Phone Number: Land: _____ Mobile:_____

Date: _____