



**MEDICAL CERTIFICATE**

**Laboratory Requirements:**

|                                     |
|-------------------------------------|
| <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> |
| <input type="checkbox"/>            |

Complete Blood Count  
Urinalysis  
Chest X-ray  
Stool Examination

|                          |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

Drug Test  
Psychological Test  
Neuro-psychiatric Examination  
No Laboratory Requirement Needed

This is to certify that I have seen and examined Mr./Miss Neri, Victor S.  
that he/she is physically and/or medically: ☐ fit ☐ unfit.

**Purpose:**

|                                     |
|-------------------------------------|
| <input checked="" type="checkbox"/> |
| <input type="checkbox"/>            |
| <input type="checkbox"/>            |
| <input type="checkbox"/>            |

Pre-enrolment Medical Certification  
Educational tour/trip; seminar/convention  
Medical Requirement for On-the-job Training (OJT)  
Pre-Sports Participation Clearance: Sports/Activity

|                          |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |

Cleared for all sports without restriction  
Cleared for all sports without restriction but with conditions requiring further evaluation or treatment.

|                          |
|--------------------------|
| <input type="checkbox"/> |
|--------------------------|

Not Cleared

|                          |
|--------------------------|
| <input type="checkbox"/> |
|--------------------------|

Pending further evaluation

|                                     |
|-------------------------------------|
| <input checked="" type="checkbox"/> |
| <input type="checkbox"/>            |

For any sports  
For certain sports

Others: Please Specify

Remarks:

I have examined the above-named patient and completed the evaluation. The patient does not present apparent clinical contraindications. However, if conditions arise after the student/employee/staff/faculty have been cleared, the physician may rescind the clearance until the problem is resolved.

Name and Signature of Physician: MERRY CHRIST'L SUPNET-GUINOCOR, M.D.

Medical Officer III

License No: 111828

Date issued: 1-22-25