



ASSOCIATION

PRISAA

PRIVATE SCHOOLS ATHLETIC

MEDICAL CERTIFICATE

The Screening Committee;

This is to certify that Mr./Ms. _____, _____ yrs old with postal address at _____ has been physically examined by the undersigned on (date) _____ with the following findings:

REMARKS	<input type="checkbox"/>	Physically fit to participate Validity Period: _____
	<input type="checkbox"/>	Unfit to participate Reason/s _____ _____ _____

This certification is issued for PRISAA purposes only for use in the following levels of competition.

SPORTS/EVENT	:	_____
SCHOOL	:	<u>ANGELES UNIVERSITY FOUNDATION</u>
PROVINCE/CITY	:	<u>ANGELES CITY</u>
REGION	:	<u>3</u>

Competition	Venue/Place	Date
Provincial/City Cluster	<u>Angeles City</u>	<u>Feb. 20-22, 2026</u>
Regional Meet	<u>Olongapo City</u>	<u>March 2-7, 2026</u>
National Meet	<u>Bacolod City</u>	<u>May 5-16, 2026</u>

PASTE RECENT
2X 2 PICTURES
WITH SOLID
BACKGROUND

Signature over Printed Name of Attending Physician
Date: _____ License #: _____