



Republic of the Philippines
CITY OF NAGA

CITY HEALTH OFFICE

Naga City Center for Health and Nutrition Building,
J. Miranda Avenue, Concepcion Pequeña, Naga City
Tel. No. (054) 205-2980

MEDICAL CERTIFICATE

NAME: LAST NAME FIRST NAME MIDDLE NAME

ADDRESS:

AGE: NATIONALITY: GENDER: MARITAL STATUS:

HEIGHT: cms. WEIGHT: Kgs. APPLICANT'S SIGNATURE:

Application's Valid I.D. with Photo such as: DRUG TEST RESULT, SSS, GSIS, PRC PHILHEALTH, Others:

PHYSICAL EXAMINATION

GENERAL PHYSIQUE: Normal With Disability CONTAGIOUS DISEASES: None BLOOD PRESSURE:

VISUAL ACUITY: LEFT EYE: SNELLEN/BAILEY-LOVIE RIGHT EYE: SNELLEN/BAILEY-LOVIE

With Corrective lens or contact lens Color Blind With Corrective lens or contact lens Color Blind

HEARING: LEFT EAR: Normal Reduced With Hearing Aid RIGHT EAR: Normal Reduced With Hearing Aid

UPPER EXTREMITIES: LEFT: Normal With Disability With Special Equipment RIGHT: Normal With Disability With Special Equipment

LOWER EXTREMITIES: LEFT: Normal With Disability With Special Equipment RIGHT: Normal With Disability With Special Equipment

- COMMENTS:
- Fit to Drive
 - Conditions
 - A. Wear Corrective Lenses Vehicle
 - B. Drive Only with Customized
 - C. Drive Only With Special Equipment for Upper or Lower Limbs
 - D. Daylight driving Only
 - E. With Hearing Aid

REMARKS:

I HEREBY CERTIFY THE MEDICAL EXAMINATION PERFORMED:

SIGNATURE OF EXAMINING PHYSICIAN: DATE & TIME ISSUED:

PRINTED NAME:

PRC LICENSE NUMBER: PTR NUMBER: MED. CERT.CONTROL NO:

LTO ACCREDITATION CERTIFICATE:

VALID AT LTO:

THIS MEDICAL CERTIFICATE IS VALID FOR ONE(1) YEAR from the DATE OF ISSUE.

1ST ENDORSEMENT

DATE

Respectfully forwarded to the Chief this Medical Certificate issued by

Accredited Physician for your consideration and appropriate action.

Head, Licensing Center/DO/EO/DLRC