



**AQUINAS SCHOOL**

183 F. Blumentritt St. San Juan, Metro Manila 1500, Philippines  
724-54-66 to 69; 723-67-56 Telefax: 723-67-55  
E-mail: info@aquinas.edu.ph

ASA-040

**MEDICAL CERTIFICATE**

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI

\_\_\_\_\_ Gr./Yr. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Age

\_\_\_\_\_ Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

\_\_\_\_\_ Name of Father \_\_\_\_\_ Name of Mother

\_\_\_\_\_ Person to notify in case of emergency \_\_\_\_\_ Tel. No. \_\_\_\_\_ Relationship

**Immunization History**

(Please check):

BCG	
DPTI	
DPTII	
DPT III	
BOOSTERS	
OPVI	
OPvII	
MMR	
HEPATITIS B	
Others	

Findings: \_\_\_\_\_

\_\_\_\_\_

Recommendations: \_\_\_\_\_

\_\_\_\_\_

I certify that the above student is physically fit for school.

\_\_\_\_\_ Name of Physician over Signature

\_\_\_\_\_ License Number

\_\_\_\_\_ Date