

JUBILEE CHRISTIAN ACADEMY  
MEDICAL CERTIFICATE  
www.jca.edu.ph

NAME OF PATIENT: \_\_\_\_\_ DATE: \_\_\_\_\_

COMPLAINT: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

PRESENT FINDINGS/ REMARKS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MEDICATIONS / ADVICE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CHECK LIST: Please check what applies to the patient

\_\_\_\_\_ Fit for School activities / work with no restrictions

\_\_\_\_\_ Fit to attend School / work with restrictions; specify restrictions / period of restrictions

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE OF FOLLOW UP WITH ATTENDING PHYSICIAN: \_\_\_\_\_

PREPARED BY / DATE:

CLINIC ADDRESS / CONTACT NUMBERS:

\_\_\_\_\_  
Physician's signature over printed name

License number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_