



## PHILIPPINE NATIONAL POLICE ACADEMY

### CADET ADMISSION TEST APPLICATION MEDICAL CERTIFICATE FORM

(To be accomplished by a Government Physician)

NAME:		2x2 ID Picture taken within the last 3 months with name tag and white background
ADDRESS:	_____ _____ _____	
HEIGHT:	_____ inches (Bare Foot)	
WEIGHT:	_____ in kgs.	
SEX:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BMI:	<input type="checkbox"/> Normal <input type="checkbox"/> Obese I <input type="checkbox"/> Underweight <input type="checkbox"/> Obese II <input type="checkbox"/> Overweight	

I HEREBY CERTIFY that I personally examined the above-named applicant, to determine his/her height and weight measurement

\_\_\_\_\_  
Date Examined

\_\_\_\_\_  
Name & signature of Physician

\_\_\_\_\_  
License No.

Name of Hospital/Clinic: \_\_\_\_\_

Contact No.: \_\_\_\_\_