



PHILIPPINE NATIONAL POLICE ACADEMY

CADET ADMISSION TEST APPLICATION MEDICAL CERTIFICATE FORM (To be accomplished by a Government Physician)

Name:	
Address:	<hr/> <hr/> <hr/>
Age:	_____ years old upon application
Height:	_____ in cm (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. _____