*UREG-QF-08*



Republic of the Philippines

**CAVITE STATE UNIVERSITY**

**CCAT Campus**

Rosario, Cavite

**REQUEST FOR MEDICAL CLEARANCE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

**Campus Nurse**

Health Services Unit

This Campus

This is to introduce to you Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who is applying for admission in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ program this 1st / 2nd / summer semester of AY 20\_\_\_ - 20\_\_\_. He/she is recommended for medical and dental examination.

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus Registrar

V01-2018-06-05

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Campus Registrar