



Republic of the Philippines  
Department of Education  
Region VI - Western Visayas  
**CAPIZ NATIONAL HIGH SCHOOL**

**SCHOOL INFIRMARY**

**CERTIFICATION OF GOOD HEALTH**

TO WHOM IT MAY CONCERN:

This is to certify that \_\_\_\_\_  
( Name of Student)  
a student at Capiz National High School is of good health and fit to participate in the 80 – hour  
work immersion.

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Printed Name and Signature

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Designation

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Date



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