



MEDICAL CERTIFICATE

mm/dd/yyyy

DATE

This is to certify that Mr./Ms.

Seen on/from

JAN 14, 2022 5:35 PM

DATE EXAMINED

AM/PM

With the following findings and/or diagnosis:

REMARKS:

And would need medical attention for NOT APPLICABLE barring complications.

Purpose of Issuance: **FOR HEALTH CLEARANCE**

This Certification is valid for only 7 days upon date of issuance.

AARON JESS KHALIL G. CURAY, RN, MD, MPM

Attending Physician – Municipal Health Officer

License Number:

OR Number :

Date of Issuance :

Amount :