## SOUTHWESTERNUNIVERSITY

## PHINMA

NAME: ADDRESS:	DATE: AGE/SEX:
MEDICAL CERTIFICATE	
This is to certify that the patient, whose name appears above, have submitted himself/herself to the University Clinic for HCW Risk Assessment.	
Remarks:	



Southwestern University PHINMA, Urgello Street, Cebu City | Tel.No. (032) 415-5555