

# SOUTHWESTERN UNIVERSITY

## PHINMA

**IANNE JIREH N. RAMOS-CAÑIZARES, MD, MPM-HSD, FPCP**

**University Physician**

**Internal Medicine - DOH Post-Residency Deployment Program**

**Masters in Public Management - Health Systems Development**

**NAME:** undefined undefined

**ADDRESS:** N/A

**DATE:** 10/10/2024

**AGE/SEX:** N/A | N/A

### MEDICAL CERTIFICATE

This is to certify that the patient, whose name appears above, has submitted himself/herself to the University Clinic for HCW Risk Assessment and **Online Teleconsultation**.

N/A

**Remarks:**

N/A

  
**IANNE JIREH N. RAMOS-CAÑIZARES, MD**

