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# 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** ajax sakalam

**ADDRESS:**

**DATE:**

**AGE/SEX:**

### 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**.

**Remarks:**

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

