

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:

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:

