

 Republic of the Philippines  
 CITY OF ILOILO  
 OFFICE OF THE CITY HEALTH OFFICER

ID NO. **23 13199**


**HEALTH CERTIFICATE**

Pursuant to the Provisions of  
 P.D. 532, P.D. 606 & City Ordinance No. 88-08  
 this certificate is issued to:

**MEA FLOR M. GALIA**

NAME


**CASH OPERATION ASSISTANT**


OCCUPATION

AGE **27** SEX **F** NATIONALITY **PHILIPPINE**

**SONIC SALES & DISTRIBUTION, INC.**

PLACE OF WORK

  
 CARDHOLDER'S SIGNATURE

  
 MEA FLOR M. GALIA  
 Cardholder's Name

**IMPORTANT**

This health certificate is NON-TRANSFERABLE. Always  
 wear your certificate at the upper left side front pocket of  
 your garment while working. Valid only until the next date  
 of examination, as indicated below.

DATE OF ISSUANCE		DATE OF EXPIRATION	
JUNE 06, 2023		DECEMBER 31, 2023	

G.R. NO.	DATE	C.T.C. NO.	DATE
0843981	06-06-23	1228037	01-09-23

**LABORATORY EXAMINATION**

DATE	KIND	RESULT
05-05-23	CHEST X-RAY	NEGATIVE
	SPUTUM	
06-06-23	URINALYSIS	NEGATIVE
06-06-23	FECALYSIS	NEGATIVE
	<b>FAECES</b>	
07-15-18	<b>HBSPHEROZYM</b>	18-3108

RELEASED BY: 