

DEPARTMENT OF HEALTH  
Municipal Health Services Office

Reg. No. 1042-2024

ROMELYN JANE D. YOUNG

**HEALTH CERTIFICATE**

Pursuant to the provision of P.D. 522, P.D. 856 and  
City/Mun. Ordinance Number \_\_\_\_\_  
is \_\_\_\_\_, this certificate is issued to

Name: ROMELYN YOUNGOccupation: STAFFAge: 28 Sex: F Nationality: FilipinoPlace of Work: CORRADO CITY
  
Signature

*for Dr. Asis*  
**CONCEPCION D. ASIS, RM**  
CDS/IN-CHARGE

*Nikki*  
**NIKKI REGINE P. PADERAYING, RN, MD, CFP**  
MUNICIPAL HEALTH OFFICER

**IMPORTANT**

THIS HEALTH CERTIFICATE IS NOT  
TRANSFERABLE ALWAYS WEAR YOUR  
CERTIFICATE IN THE UPPER LEFT SIDE FRONT  
PORTION OF YOUR GARMENT WHILE WORKING.

VALID ONLY UNTIL THE NEXT DATE OF  
EXAMINATION AS INDICATED BELOW.

MARCH 13, 2024

DATE OF ISSUE

DECEMBER 31, 2024

DATE OF EXPIRATION

STOOL	<u>03-13-24</u>	<u>NORMAL</u>	
URINE	<u>03-13-24</u>	<u>W/UT BUT N/TX</u>	
SPUTUM			
VDLR			
HBSAG			
X-RAY	<u>03-13-24</u>	<u>NORMAL</u>	
CBC			