

MEDICAL CERTIFICATE

To Whom It May Concern:

This is to certify that <u>Owen John DE LEON</u>, <u>22</u>, <u>MALE</u> residing at <u>BK 157 LOT 2</u> <u>HUERTAS ST</u>, <u>Central Bicutan</u>, <u>Taguig</u>, <u>Metro Manila</u> was examined and treated by the undersigned as an outpatient at Healthway <u>LOWER BICUTAN</u> on <u>JANUARY 20</u>, <u>2021</u> with the following:

IMPRESSION:

SYSTEMIC VIRAL INFECTION
DENGUE FEVER WITH WARNING SIGN

RECOMMENDATIONS:

PATIENT CAME IN FOR FOLLOW-UP, PREVIOUSLY SEEN DUE TO DIZZINESS THAT STARTED LAST 01/17/21. ADVISED FOR ER CONSULT WITH POSSIBLE ADMISSION

REMARKS:

FOR DOCUMENTATION PURPOSES ONLY

This certification is issued upon the request of (Name of Patient) for whatever purpose it may serve.

This is not intended for Medico Legal purposes.

Doctor's Name: KRISTINE MHAY G. GLINOGA

Specialization: PRIMARY CARE PHYSICIAN

License No: 145310