WESTERN MINDANAO STATE UNIVERSITY MEDICAL CERTIFICATE

Patient Name: Adonis, AOASJD

Student ID: TEMP-8

Department: None

	Chest X-Ray (within 6 months)
	Complete Blood Count (CBC)
	Blood Typing
	• Urinalysis
	Drug Test (within 1 year)
	Hepatitis B Test
Γhis ce	rtificate is issued for school enrollment purposes.
[−] his ce	rtificate is issued for school enrollment purposes.
	rtificate is issued for school enrollment purposes. sued: July 06, 2025