



# Medical Certificate

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Fullname:	Cooper Jr., Mark D	Gender:	Male
Address:	Sample Address		
Birthday:	June 23, 1997	Civil Status:	Married
Nationality:	Filipino	Contact #:	09123654789

Diagnostic:  
Flu

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I the undersigned, Doctor of Medicine is advising the above individual should take at least 3-4 days to fully recover from his illness.



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Claire Blake, MD

Doctor's Signature Over  
Printed Name