HI-PRECISION DIAGNOSTICS

G/F Garpas Tower 31-B V. Luna Brgy. Pinyahan, Quezon City Tel. No. 436-8682 かりょう もんし をもろ

Date: 12 August 2021

Medical Certification

| To whom it may concern, | |
|-----------------------------------------------------------------------|---------------------------------------------|
| This is to certify that I have seen and examined Mr/Mrs./Ms. August 1 | MI Last Name |
| 29/Myears old, single/married, resident of | · |
| Patient consulted because of Olything from to work as forth | nto 1 (teahing/leasen |
| Impression/Diagnosis: Oberity; otherine, enertly would alm | it mbe |
| Home medications: | |
| Recommendations: FIT to work as of they. Ealish weft | whiling 74 old |
| This certification is issued upon request of Mr. / Mrs. / Ms | for whatever |
| purpose it may serve him/her, except medico legal. | |
| Notes: (1) 2rd dose of linovar: 21 June 2051 | Sumat |
| (2) horne Chest Try & muejo words. | C.E. BUGAWAN-de LEON, M.D. Lic. # 988367 |
| (3) mytice dry text rents | PTR # \$283529 0730316 |
| (4.) Cre should regardly should WSC | Examining Physician |
| relaminally metaglilo. arlinel merry | Signature over Printed Name |
| I shall whole only county consulty | ic. No. |
| wh ash | TR No. |
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FORM CREATED : September 17, 2014 FORM REVISION : 0

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