



Republic of the Philippines
CITY OF NAGA

CITY HEALTH OFFICE

Naga City Center for Health and Nutrition Building,
J. Miranda Avenue, Concepcion Pequeña, Naga City
Tel. No. (054) 205-2980

Date:

TO WHOM IT MAY CONCERN:

This is to certify that the person named hereunder was physically examined in this institution to wit:

Name: Age: Sex Civil Status:
Address: Nationality:
Weight: Blood Pressure:

IMPRESSION/DIAGNOSIS:

I hereby certify that I have made a thorough examination of the above named examinee and all answer above are true and correct.

DR. VITO C. BORJA II, M.D.
CGDH I/ CITY HEALTH OFFICER II