

MEDICAL CERTIFICATE

The land him della	Wascy a
This is to certify that: Ma My Vadelle	
Age: Sex: Status:	Occupation:
Address:	
	is under care
Medical Care & Treatment:	with the following
Findings:	
Diagnosis: Mullime Cu	
Recommendation: Well Recorded	and feet advised
Remarks: 3-4dg/(
	trummuel deledy)
	Attending Physician
	Lic. No.: LOV G
FORM 06-96	TIN: