

**MEDICAL CERTIFICATE**

Date: **AUGUST 11, 2025**

Trace no: **082025-161**

This is to certify that **MARK JOSEPH ROSAL** **33 YEARS OLD** **MALE**  
of **CENTRO WEST, SANTIAGO CITY**  
was examined, treated at the Out-Patient Department on AUGUST 11, 2025

CHIEF COMPLAINTS (+): **VEHICULAR ACCIDENT**

Final Diagnosis: **PHYSICAL INJURY SECONDARY TO VEHICULAR ACCIDENT**

Remarks: **ADVISED FOR 2-3 DAYS OF REST**

XXXXXXXXXXXXXXXXXXXX nothing follows XXXXXXXXXXXXXXXXXXXX

This certification is issued upon the request of **MARK JOSEPH ROSAL (ABOVE-NAMED)** for  
**WORK PURPOSES.**

Attending Physician:

  
**EDWARD ARCHIVAL B. ANTONIO, MD**  
**RESIDENT DOCTOR ON DUTY**

Lic. No.: 127601

  
Prepared By: **SHEYLYN S. BACUD**  
Medical Records Assistant