



THE MEDICAL CITY AT SM CITY MARIKINA

G/F SM City Marikina Marcos Highway Calumpang
Marikina City

Owned and Operated by: Proser Health Services, Inc.
Tel. Nos.: 477-1961 to 62 / 477-1951

No 82967

MEDICAL CERTIFICATE

DATE: NOV 16
2020

To Whom It May Concern:

This is to certify that Mr./ Mrs./ Ms. Jan Michelle Yag
42 year/s old, with address at Antipala Gf
has consulted/been treated under the service of _____ on _____

DIAGNOSIS: _____
UNT

REMARKS: check up -> fit to work

This certification is issued upon patient's request for office purposes only and not valid for medico-legal purposes.

[Signature]
ATTENDING PHYSICIAN
LIC. NO. [Signature]
PTR NO. _____

This certification is being issued for the specific purpose being requested, it does not cover clearance from and/ or diagnosis of the Covid 19 virus which should be subject of a separate confirmatory test and not valid as well for medico-legal purposes.



THE MEDICAL CITY CLINIC
@ SM Marikina

PLEASE PRINT AND ACCOMPLISH COMPLETELY

PATIENT'S ID # _____

Name: MR: TAP / VAN MICHELE / PEREZ
MRS: _____
 MRS: _____
LAST NAME FIRST NAME MIDDLE NAME NICKNAME

DATE OF BIRTH: 10 / 29 / 82 AGE: 42 SEX: FEMALE / MALE STATUS: SINGLE / MARRIED
MONTH DATE YEAR SEPARATED / WIDOW

Address: Lot 23 Buk 5 Richmond Drive Kingsville Laguna Anilao City

Tel No: _____ Mobile No: 09190669868 Email Add: _____

Employer: _____ Occupation / Department: _____

Type of Account: PRIVATE HMO COMPANY

FAMILY HISTORY

HYPERTENSION () CANCER
 () HEART DISEASE ASTHMA
 () DIABETES () OTHERS
 PTB

PERSONAL & SOCIAL HISTORY

> ALCOHOL () YES NO
 > SMOKER () YES NO
 # OF STICKS _____ # OF YEARS _____

PAST MEDICAL HISTORY

PAST ILLNESS: SICK SINUS SYNDROME
ASTHMA
 OPERATIONS, INJURIES, _____
 ADMISSIONS/ACCIDENTS _____

MEDICATIONS BEING TAKEN:

ZYKAST
SELETINE

IN CASE OF EMERGENCY PLEASE CONTACT:

NAME: GIL A. IGNACIO
 CONTACT #: 09190898053

[Signature]
 Patient's Signature

I hereby certify that all the information herein are correct and true.

DATE OF CONSULTATION VITAL SIGNS	IMPRESSION / DIAGNOSIS / LAB RESULTS / WORK-UPS / TREATMENT	PHYSICIAN / NURSE'S REMARKS AND SIGNATURE
<p>16 NOV 2024</p> <p>Time started _____</p> <p>Chief complaint _____</p> <p>BP _____</p> <p>PR # <u>110/70</u></p> <p>RR _____</p> <p>Temp _____</p> <p>Weight <u>69.4</u></p> <p>Height _____</p> <p>Time discharged <u>11:12</u></p> <p><u>seen 9 cases</u></p> <p><u>in 2 cases</u></p>	<p>S } (+) cough & sputum - TUBERCULOSIS</p> <p>UVTI - L. pneumonia</p> <p>O } CMC plates</p> <p>A } <u>F7.2W</u></p> <p>P } <u>Quantitely</u></p>	<p><u>[Signature]</u></p>



THE MEDICAL CITY CLINIC @ SM Marikina

GF SM City Marikina Marcos Hi-way Calumpang, Marikina City

Tel. Nos.: 477-1951/477-1961/477-1962

Name Jan Michelle Yap Date NOV 16 2024
Address _____ Age _____ Sex _____

Rx 2 of TURSILEV
GENERIC _____
BRAND _____

STRENGTH _____ QUANTITY 4 tab/cap/vial/amp

SIG 10 ml 3 x a d
7 d
cold/allergy L - Unex DUD 10/en
(monte alol levocetirizine) # 10
one tab bed time
(1-2 use)

10 American
(Augmentin 625mg) # 14
me tab 2 x a of 11-10
7 d

Elizabeth R. Matibag, MD M.D.
License No. _____ Lic. No. 065512 TR