

MEDICAL CERTIFICATE

This is to certify that: Lilia Mataya Date: 10/17/25
Age: 9y Sex: F Status: _____ Occupation: _____
Address: _____
Medical Care & Treatment: _____ is under care
Findings: _____ with the following
Diagnosis: Pneumonia
Recommendation: Advised rest for 2-3 days
Remarks: _____

Manuel Salazar
Attending Physician

Lic. No.: 40588
TIN: _____