

MEDICAL CERTIFICATE

Date: _____ lo March To whom it may concern: clame The undersigned does hereby certify that Mr./Ms. CEBWAND _years old is presently confined/ was confined/ examined and treated in this clinic from ____ up to 20 Mard 2014 will the following signs and symptoms: Back fain of body mahin Diagnosis: bourney tour Defect

O Contre Co Anxelor away sofe she invilly started >xaq p Fils

Remarks: O Enelose and flesh with

O Fit I with This certification is issued upon the request of Mr./Ms. Clame Cebian for whatever legal purpose it may serve him/her best, except medico legal cases. & beef or MD. **Attending Physician** LICENSE NO. BOGSTA NOT VALID WITHOUT SEAL