Dr. PAU
ANIMAL BITE CENTER

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MEDICAL CERTIFICATE

To whom it may concern:

This is to certify that Andrea Jeanne B. Puro
(Name of the Patient)

23 years old, FEMALE, residing in 1700 M , DECASTRO BAGONG BARRIO CALOOCAN CITY
(Age) **(Gender)** **(Place of residence)**

has been seen and examined on OCTOBER. 06, 2025
(Date of consultation)

IMPRESSION/DIAGNOSIS: _ABRASION AT RIGHT LOWER LEG, SECONDARY TO CAT BITE CLASSIFIED AS CATEGORY III

RECOMMENDATIONS: THE PATIENT RECEIVED **ANTI RABIES VACCINE (PVRV) DAY0 ON OCT.06 2025**, AT A DOSE OF 0.1 ML BOTH LEFT AND RIGHT DELTOID. THE PATIENT WAS ALSO ADVISED TO FOLLOW UP FOR REMAINING ANTI RABIES VACCINE SCHEDULE (**DAY 3 OCT 09, 2025 DAY 7 OCT 13 2025 DAY 28 NOV. 03 2025 .** THE PATIENT RECEIVED ERIG VACCINE (EQUIRAB) VIA WOUND INFILTRATION , THE PATIENT HAS GIVEN **TETANUS TOXOIDS** AT DOSE 0.5 ML LEFT DELTOID AND ADVISED TO FOLLOW UP FOR REMAINING TETANUS TOXOID VACCINE SCHEDULE .

This certificate is being issued upon the request of the above-mentioned name for whatever purpose it may serve, except medico-legal.

Date of Issuance: OCTOBER 06, 2025

Signed by:

CHARMAINE A. NANQUIL M.D
License No: 0151162
PTR No: 0162074