



DATE: 9/20/23

MEDICAL CERTIFICATE

To Whom It May Concern,

This is to certify that Mr. /Ms. / Mrs. CATDID, CLAUDIA CECILIENNE

28 years old of PAVIA 110110
Age Address

Was seen and examined on 9/20/23
Date

Complaint: COUGH SINCE 9/19/23

Diagnosis: 1/c UPPER RESPIRATORY TRACT INFECTION

Recommendation: REST FOR 3 WEEKS (9/20 - 9/22)

This Certification is issued upon the request of the above mentioned name for whatever purpose it may serve (Excluding legal matters).

Respectfully,
CHRISTINA M. COGOLLO, MD
OCCUPATIONAL HEALTH PHYSICIAN
LIC. NO. 0153665 M.D.
Clinic Physician

License No. _____



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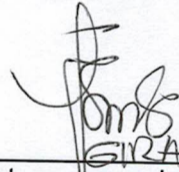
AMBULATORY CARE CENTER MEDICAL CERTIFICATE

DATE: Sep 26, 2023

This is to certify that Catoto, Claudia Ceciliene 28 years old, male/female, single/married, a resident of ungka 2, Pavia Iloilo was examined in this hospital on Sept 26, 2023 with the following findings:

DIAGNOSIS: Upper Respiratory Tract Infection
Allergic Rhinitis

REMARKS medications prescribed


GIRADO, J.M.

Signature over printed Name/Date

ATTENDING PHYSICIAN

LICENSE NO.: 103803

PTR NO.: 210785

DEPARTMENT OF: Im Pulmo

**This certification is issued to the above mentioned name for whatever purpose it may serve him/her best and is not valid for medico-legal purposes. For verification you can contact us through 500-1000.*

NOT VALID WITHOUT HOSPITAL SEAL

ACC-MC-001

REVOISS1 03-Feb-12