

Medical Certificate

Patient Information:

- Name: _____
 - Date of Birth: _____
 - Contact Information: _____
-

Medical Details:

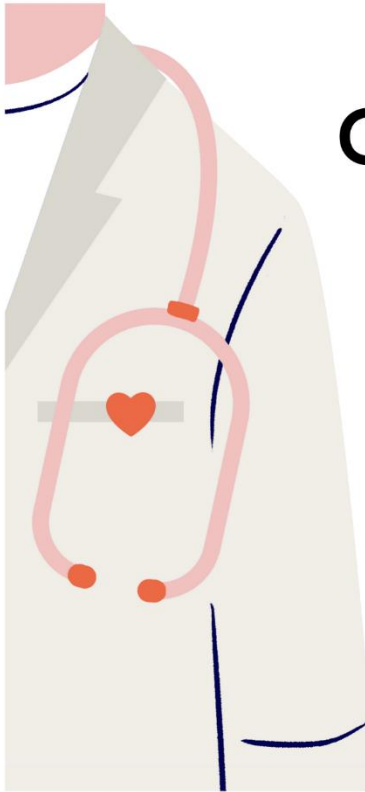
- Diagnosis: _____
 - Symptoms Observed: _____
 - Tests Conducted (if any): _____
-

Prescribed Rest/Treatment Period:

- From: _____ To: _____
-

Doctor's Details:

- Name: _____
- Specialization: _____
- Contact Information: _____
- Signature: _____
- Date: _____



CERTIFICATE

of Achievement



This best appreciation is given to:

Donna Stroupe

for a special performance
in Health Campaign Ceremony

MARGARITA PEREZ

President

RUFUS STEWART

Vice President