



### SCHOOL CLINIC HEALTH CERTIFICATE

To whom it may concern:

This is to certify that \_\_\_\_\_ , \_\_\_\_\_ years old, M/F,  
student/personnel of the City College of Cagayan de Oro, was seen and examined in the  
School Clinic on \_\_\_\_\_.

Impression:

Recommendation/s:

Signed by:

\_\_\_\_\_  
Designation: \_\_\_\_\_

\*Subject for approval from OSAS/Department Head.

