



ST. PAUL COLLEGE OF MAKATI  
D. M. Rivera St., Poblacion, City of Makati

HEALTH CERTIFICATE

Date: \_\_\_\_\_

TO WHOM IT MAY CONCERN:

This is to certify that I have examined \_\_\_\_\_ and found him/her to be \_\_\_\_\_.

This certification is issued in compliance with the Student Support Services admission requirement for Grade \_\_\_\_\_ in **St. Paul College of Makati**.

Pertinent Medical Condition: \_\_\_\_\_

Restriction/Limitation, if any: \_\_\_\_\_

Signature: \_\_\_\_\_

Name in Print: \_\_\_\_\_

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

License No.: \_\_\_\_\_



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