

MEDICAL CERTIFICATION

That _____ guarantees that
(Name of Company)

Mr./Ms. _____ has gone through

A medical examination and he/she is in good medical and psychological Condition to perform his/her duties to the company;

That Mr./Ms. _____ is cleared from Hepa-B, HIV, and PTB;

That _____ attests to the
(Name of Company)
truthfulness of this Certification which is issued for purposes of securing a Special Subic-Clark Working Visa for Mr./Ms. _____.

Done this _____ day of _____ 20____.

Printed Name & Signature of
President/Vice President