





CERTIFICATION

	This letter is to certify that Mr./Ms.		HAZEL s	HAZEL ALENA O.			プル has personally appeared		
at.	Calamba	Medical Center		on_	June	13,	2024	for	
ас	heck-up/con	sultation regarding his/he	er medical o	condi	ition Hy	per	thy midis	rm	

MARIA KATRINA MIPALANGINAN Doctor's Name and Signature

> LIC NO. 114063 PTR 2320005



