



# **Baybay Doctors Hospital**

C. M. Recto Corner 30 De Diciembre Sts.

Baybay City, Leyte

Tel. No. 563-7031

baybaydoctorshospital@gmail.com

## **MEDICAL CERTIFICATE**

### **To whom it may concern:**

This is to certify that patient: **ROMMEL D. BRAGA , 54 Y.O, MALE** from **BAYBAY CITY, LEYTE** was seen and examined in this institution dated **FEBRUARY 24, 2025**.

### **IMPRESSION:**

- **SEVERE ALLERGIC RHINITIS**

### **REMARKS:**

- **THE PATIENT IS ON MEDICATION**
- **ADVISED TO REST FOR 4-5 DAYS**

This certification is issued upon the request of above patient for work purpose only and not intended for medico legal purposes.

Issued this **24<sup>TH</sup>** day of **FEBRUARY 2025** at **BAYBAY CITY, LEYTE**.

  
**SUE MELY RHYS C. CABAL-TANWEER, MD**

**LICENSE NO. 121689**

**ATTENDING PHYSICIAN**