



**VISAYAS**  
STATE UNIVERSITY

DEPARTMENT OF  
**AGRONOMY**

May 24, 2025

**PROSE IVY G. YEPES, Ph.D.**  
President- VSU

Dear **Dr. Yepes**,

I hope this letter finds you well.

I am writing to request permission to take rehabilitation leave for four weeks, as advised by my doctor. On May 22, 2025, I supervised the tree planting activity of the graduating students from the Agronomy department. Unfortunately, I fell at the tree planting site and am now experiencing severe back pain. This is further complicated by my pre-existing condition of severe scoliosis. Undergoing rehab medicine will enable me to receive the necessary treatment and therapy to recover from my current condition and return to work with optimal productivity.

Attached herewith is my medical certificate with concurrence from a government physician.

I would greatly appreciate your consideration of my request. Thank you very much.

Sincerely,

  
**MA. GWENETH M. ABIT**  
Faculty

Noted by:

  
**LUZ G. ASIO, Ph.D.**  
Head-DA

Approved by:

**PROSE IVY G. YEPES**  
President- VSU



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**A-LAB Medical Services**

Tel. No. (053) 520 – 8436

# MEDICAL CERTIFICATE

**To whom it may concern:**

This is to certify that **Mr. / Ms. Ma Gweneth M. Abit**, 31 years of age was seen and examined at my clinic in Ormoc City on **May 23, 2025**. The findings are as follows:

## PHYSICAL EXAMINATION

Abnormal curvature of thoracic spine

With direct tenderness on lumbar area, level of L2-L5

## DIAGNOSIS

Scoliosis

Lumbago

## REMARKS

Advised to rest and isolation for 3 - 4 weeks

Refer to Rehab Medicine for further evaluation and management

*Issued upon request for whatever purpose it may serve. Except for medico legal purposes.*



**DELSERGS JOSE M. ABIT, M.D.**

License No. 084658

PTR No. 6184901



Republic of the Philippines  
**PROVINCE OF LEYTE**  
LOCAL GOVERNMENT UNIT  
**BAYBAY CITY HEALTH OFFICE**



**MEDICAL CERTIFICATE**

**TO WHOM IT MAY CONCERN:**

THIS IS TO CERTIFY that Abit, Mo. Awereth M. of V. St. Baybay City, Leyte  
Was physically examined on May 18, 2025.

DIAGNOSIS Scoliosis, S/p Fall from an undetermined height (May 22, 2025)

REMARKS Advised rest & isolation for 3-4 weeks. Referred to Rehab Medical for further evaluation & management.

P130 .00 CTO O.R. NO. 007627  
Issued on: CHUBKE  
Baybay City Leyte

MICHAEL JOSEPH C. LIZA, MD M.D.  
Lic. No. 018113  
BAYBAY CITY, LEYTE