

MEDICAL CERTIFICATE

DATE: _____

TO WHOM IT MAY CONCERN:

This is to certify that _____, male/female, _____ years of age,
a resident of _____ had been
examined on _____. Results of the medical checkup are the following:

Remarks:

This certification is issued to support his/her insurance application under the Term Insurance Power Packages of the Philippine Crop Insurance Corporation.

Issued and signed this _____ day of _____ 20____ at

Name & Signature of
Attending Physician

License #

PTR