



**EHS Form No. 102-A-B**  
**DEPARTMENT OF**  
**HEALTH**

**Office of the City Health Officer**  
**LAOAG CITY**

Reg. No. 32453643

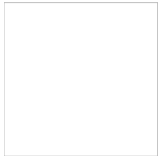
**HEALTH CERTIFICATE**

Pursuant to the provisions of P. D. 522 and 856 and  
City Ord. No 1057 S 85, this certificate is issued to

Name **Ricardo Dalisay**

Age **22** Sex **M** Work Type **Chef**

Establishment **Mang Inasal**



\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*CSO/SI In-Charge*

**CHO-054-0**

**RENATOR R. MATEO, M.D.**  
*City Health Officer*

## IMPORTANT

THIS HEALTH CERTIFICATE IS NON-TRANSFERABLE  
ALWAYS WEAR YOUR CERTIFICATE IN THE UPPER  
LEFT SIDE FRONT PORTION IN THE UPPER LEFT SIDE  
FRONT PORTION VALID ONLY UNTIL THE NEXT DATE  
OF EXAMINATION, AS INDICATED BELOW.

Nov. 11, 2020  
Date of Issuance

Nov. 12, 2021  
Date of Expiration

### IMMUNIZATION

DATE	KIND	DATE OF EXP.

### X-RAY, SPUTUM EXAM

DATE	KIND	RESULT
Nov. 11, 2020	aewrg	rtjdr

### STOOL AND OTHER EXAM

DATE	KIND	RESULT