**A blue and white logo with a snake and text

AI-generated content may be incorrect.A seal of the municipality of laguna

AI-generated content may be incorrect.Office of the Municipal Health Officer**

Republic of the Philippines

Province of Laguna

Municipality of Rizal

Reg. No. \_\_\_\_\_\_\_\_\_\_\_\_

{Reg\_No}



Pursuant to the provision of P.D. 522, and P.D. 856, this Certificate is issued to.

{Name}

**NAME:**

{Occupation}

**OCCUPATION:**

{Nationality}

{S}

{A}

**AGE: SEX:** **NATIONALITY:**

RIZAL, LAGUNA

**PLACE OF WORK:**

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I.D.

PICTURE

1X1

SIGNATURE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_**JOHN MICHAEL I. GANGAY, RN**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

S.I.

\_\_\_\_\_**DR. SAM JOSEPH C. CIRILO, LI.B., MPM-HSD, CFP**\_\_\_\_

MHO

**IMPORTANT**

THIS HEALTH CERTIFICATE IS NON-TRANSFERABLE

ALWAYS WEAR YOUR CERTIFICATE ON THE UPPER LEFT SIDE FRONT PORTION OF YOUR GARMENT WHILE AT WORK.

VALIDITY OF THIS CERTIFICATE IS INDICATED BELOW.

Date of Issuance Date of Expiration

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X-RAY

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STOOLS & OTHER EXAM. ROD.

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