



Republic of the Philippines
MUNICIPALITY OF LINGAYEN
Province of Pangasinan
Tel. No.: (075) 632 - 6414



OFFICE OF THE MUNICIPAL HEALTH OFFICER

VACCINE CERTIFICATE

Date: _____

To Whom It May Concern:

This to certify that _____, ____ years old, residing at _____ has a record of _____ vaccination this _____.

This certification is issued upon the request of _____ for whatever purposes it may serve him best.

Respectfully yours,

NURSE II
Rural Health Unit – I
Lingayen, Pangasinan

