



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