



Republic of the Philippines
MUNICIPALITY OF LINGAYEN
RURAL HEALTH UNIT 1
Province of Pangasinan
Tel. No.: (075) 632 - 6414

Municipal Health Office

MEDICAL CERTIFICATE

Date: _____

To Whom It May Concern:

This is to certify that Mr./Ms./Mrs. _____
_____ years old, residing at Barangay _____
has been examined/treated in this office this _____ day of _____ 20____.
Evaluation shows that he/she is physically fit.

This certification is issued upon request of Mr./Ms./Mrs. _____ for
whatever legal purposes it may serve him/her best.

DR. SANDRA V. GONZALES
License No. 68502
Municipal Health Officer
Lingayen, Pangasinan

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Arangkada Lingayen!

