



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.

PERTINENT PHYSICAL EXAMINATION FINDINGS

VITAL SIGNS:

BP: _____ mmHg
PR: _____ /min.
RR: _____ /min.

Ht: _____ cm.
Wt: _____ kgs.

HEENT: No Masses, No Obstruction, No Deformities

CHEST & LUNGS: No Deformities, No Wheezes, No Rales

HEART: PMI @4TH Intercostal Space, Regular Rates & Rhythm No Murmurs

ABDOMEN: Normoactive Bowel Sounds, No Masses No Tenderness

EXTREMITIES: No Deformities

DR. SANDRA V. GONZALES

License No. 68502

Municipal Health Officer
Lingayen, Pangasinan

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Arangkada Lingayen!

