



Environmental Health & Sanitation Division

[ ] NEW

[ ] RENEWAL

Permit No:

# HEALTH CERTIFICATE



**HOLDER**

**Address** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_ **Sex** \_\_\_\_\_

**Nationality** \_\_\_\_\_ **Civil Status** \_\_\_\_\_

**Date Issued** \_\_\_\_\_ **Place Issued** \_\_\_\_\_

**Expiration of Certificate**

**Name of Establishment:**

**Position:**

**Date of Issuance:**

**Officer's Initial:**

**Date of Expiration:**

This is an electronically generated document and does not require signature or stamp in order to be considered valid.



@Mayora\_Abby



MyMakati

**MAKATI**  
My City. My Makati.



MyMakati



Makati.gov.ph