



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:
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Date of Issuance:	Officer's Initial:
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Date of Expiration:	
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This is an electronically generated document and does not require signature or stamp in order to be considered valid.



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