



Province of Laguna  
City of Santa Rosa  
City Health Office II



**ENVIRONMENTAL HEALTH AND SANITATION SERVICES**

Ctrl No. \_\_\_\_\_

Date: \_\_\_\_\_

**APPLICATION FORM  
FOR HEALTH CARD CERTIFICATE**

Name: \_\_\_\_\_  
Age/Sex: \_\_\_\_\_  
Place of work: \_\_\_\_\_  
Position: \_\_\_\_\_

O.R. No.: \_\_\_\_\_  
Date : \_\_\_\_\_

**CHECKLISTS:**

\_\_\_\_\_ Medical Laboratory Examinations  
For Food Establishment: \_\_\_ Chest X-ray \_\_\_ Fecalysin  
  \_\_\_ Urinalysis \_\_\_ Hepa B  
  
Non-Food Establishment: \_\_\_ Chest X-ray \_\_\_ Fecalysin  
  \_\_\_ Urinalysin  
  
\_\_\_\_\_ Order of Payment

\_\_\_\_\_  
Sanitary Inspector



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