



Republic of the Philippines  
Department of Health  
**WESTERN VISAYAS**  
Center for Health Development



## CERTIFICATE OF APPEARANCE

Name of Employee : \_\_\_\_\_  
Designation : \_\_\_\_\_  
Office Station : \_\_\_\_\_  
Purpose : \_\_\_\_\_  
Place/ Division/ Cluster / Section/ Unit: \_\_\_\_\_ **(Office Visited)** \_\_\_\_\_  
Inclusive Date (s) : \_\_\_\_\_  
Date Issued : \_\_\_\_\_

**This certification is issued upon the request of the above-named person for whatever purpose it may serve him/her.**

\_\_\_\_\_  
**Chief of the Division**



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**Chief of the Division**