Republic of the Philippines
DEPARTMENT OF HEALTH
Regional Office _____

Name of Health Center: _____
Address: _____

C E R T I F I C A T I O N

This is to certify that the following listed households are compliant to health center visits (*monthly weight monitoring of 0-2 year-old children, quarterly weight monitoring of 3-5 year old children, immunization of 0-5 year old children and pre and post natal check up for pregnant in the mothers)* as a required condition for beneficiaries of the Pantawid Pamilyang Pilipino Program for the months indicated opposite to their names.

#	Name & HH ID Number	Months Verified As Compliant											
		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													

***Please check applicable months.**

This certification is issued upon the request of said households as requirement for their claims of retroactive payment for months that they were not included in the monitoring of compliance for Pantawid Pamilya beneficiaries.

Signed: _____ Date: _____ Certified by: _____ Date: _____
MHO/OIC/HN CVS Focal

LEGEND: √ - compliant × - non-compliant