Republic of the Philippines
DEPARTMENT OF EDUCATION
Regional Office _____

Name of School: _____
Address: _____
School Year: _____

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

This is to certify that the following listed students have undergone deworming in this school conducted in the month/s of _____ as a required condition for beneficiaries of the Pantawid Pamilyang Pilipino Program.

#	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 students as requirement for their claims of retroactive payment for months that they were not included in the monitoring of compliance for PantawidPamilya beneficiaries.

Signed: _____ Date: _____ Certified by: _____ Date: _____
Principal/TIC/HT CVS Focal

LEGEND: √ - Compliant × - Non-Compliant N/A – No deworming conducted