



Republic of the Philippines
CITY HEALTH OFFICE
Surigao City
(086) 826-8522



Annex A

(sample only)

(Company Letterhead)

CERTIFICATION

This is to certify that _____ is
currently (employed / assigned) as a _____ at our company
since _____.

This certification is being issued as a proof that the aforementioned name is eligible
to receive the COVID-19 vaccine under the A4 Priority List.

Issued this _____ (date) _____ at _____ (address of company) _____.

Name and Signature
(Position of Signing Authority)