



COVID-19 PEDIATRIC VACCINATION (5-17 YEARS OLD)

of the Philippine National COVID-19 Vaccine Deployment and Vaccination Program as of January 21, 2022

MEDICAL CERTIFICATION FOR COVID-19 PEDIATRIC VACCINATION (5-17 YEARS OLD WITH COMORBIDITIES)

Date: _____

TO WHOM IT MAY CONCERN:

This is to certify that _____, _____
(Name of Patient) (Age)

years old, from _____
(Address)

is a diagnosed case of:

- I have thoroughly explained the risks and benefits of COVID-19 vaccination
- Based on evaluation done on the date of certification, the patient can receive a COVID-19 vaccine
- The parent / legal guardian is aware that the vaccine recipient will still be subjected to health screening at the vaccination site, and that IF symptoms arise, re-evaluation is necessary prior to vaccination

This medical certificate is being issued for the COVID-19 Vaccine Deployment and Vaccination Program of the Philippines

(Physician's Name and Signature)

(Professional Regulation Commission ID No)