

PHILIPPINE CIVIL SERVICE  
MEDICAL CERTIFICATE

I hereby waive all rights and privileges to professional confidence between physician and patient and the physician accomplishing this form are authorized to answer in detail all questions contained herein.

\_\_\_\_\_  
(Signature over printed name of Patient)

.....  
N.B. Attending physician shall fill in the whole blank below. Every detail should be answered to avoid delay in action on application for the above submitted by the patient.

\_\_\_\_\_ of the Department of \_\_\_\_\_  
(Name of Patient)

having made application for leave of absence on account of illness, I do hereby certify that I will be the applicant actual attending physician from \_\_\_\_\_ to \_\_\_\_\_ inclusive and from my professional knowledge of the case, the following statements are submitted as contemplated by the provision of Section 6 of the Civil Service Rule XVI.

Name of illness/Disease \_\_\_\_\_  
Nature of Disease or Disability \_\_\_\_\_

.....  
**Etiology:** Under this heading in addition to give fully this etiology of the disease or disability, the physician must either in the language of the Executive Order. "There are no indications whatsoever that the disease named was due to immoral or vicious habits" or give the indication.

\_\_\_\_\_  
History: \_\_\_\_\_

\_\_\_\_\_  
Description: \_\_\_\_\_

\_\_\_\_\_  
Laboratory or examination was \_\_\_\_\_ made in this case.  
The applicant was confined in his/her house/hospital from \_\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_.

.....  
**I HEREBY CERTIFY** that the above statement are complete and true in every detail and that in consequence of the disease or disability above specified the applicant was not well and unable to be on duty on account of illness from \_\_\_\_\_ to \_\_\_\_\_ inclusive and that his/her claim is meritorious.

Signature: \_\_\_\_\_  
Address: \_\_\_\_\_