

**PHILIPPINE CIVIL SERVICE
MEDICAL CERTIFICATION**

I hereby waive all rights and privilege pertaining to professional confidences between physician and patient and the physician accomplishing this form is authorized to answer in detail all questions contained therein.

(_____)
SIGNATURE OF THE PATIENT

(N.S.)-Attending Physician should fill in the blanks below. Every detail should be answered to avoid delay in action on applications submitted by the patient.

_____ to the Bureau of _____ having made application for leave of absence on account of illness, I do hereby certify that I was the applicant's actual attending physician from _____ 20 _____ to _____ 20 _____ inclusive and from my professional knowledge of the case the following statement are submitted, as contemplated by the provision of Section 6 of Civil Service Rule XVII,

NAME OF DISEASE OR DISABILITY _____
NATURE OF DISEASE OR DISABILITY _____

(Under this heading, in addition to giving fully the etiology of the disease of disability, the physician must either state in the language of the Executive Order. "There is no indication whatever that the disease named was due to immoral or vicious habits.")

HISTORY: _____

DESCRIPTION: _____

A Laboratory test or examination was made this case.

The applicant to (his home) from _____, 20 _____ to _____, 20 _____ (hospital) inclusive

I HEREBY CERTIFY that the above statements are complete and true in every detail, and that in consequence of disease for the disability above specified the applicant was ill and unable to be on duty on account of illness from _____, 20 _____ to _____ to _____, 20 _____ inclusive and that this claim is meritorious.

:If this certificate is
:executed in the Philippines:
:affix her documentary stamp

(Signature) _____ MD
(Post Office Address) _____
Date _____