

**PHILIPPINE CIVIL SERVICE  
MEDICAL CERTIFICATE**

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(N. B. attending physician should fill in the blank below. Every detail should be answered to avoid delay in action on application for leave submitted by their patient.)

Mr./Mrs. Miss \_\_\_\_\_ of the Bureau of \_\_\_\_\_ have made application for leave of absence on account of (Maternity /Illness.) I do hereby certify that I am the applicant's actual attending physician from \_\_\_\_\_ to \_\_\_\_\_ inclusive, and my personal knowledge of the case of the following statement submitted, as contemplated by the provisions of Section 8 of the Civil Service Rule XVI.

Name of disease or disability \_\_\_\_\_

Nature of disease or disability \_\_\_\_\_

(Under this heading in addition to giving the fully the etiology of (the disability, the physician must either state in aetiology language of the executive order "there are no indicators whatsoever that the disease was due to immoral or vicious habits.

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

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

A laboratory test examination was(made/not made) in this disease. The application was confined in (her home, hospital) from \_\_\_\_\_ to \_\_\_\_\_

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I hereby certify that the above statement are complete and true in details, and that in consequence of the disease or disability above specified, the applicant was in ill and unable to be on duty on account of illness.

From \_\_\_\_\_ to \_\_\_\_\_

Inclusive and to her claim is meritorious.

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

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

Date: \_\_\_\_\_