CSC Form No. 41

Republic of the Philippines
CIVIL SERVICE COMMISSION

MEDICAL CERTIFICATE

I hereby waive all rights and privileges pertaining to professional confidences between physician and patient and the physician accomplishing this form is authorized to answer in detail questions for leave submitted by the patient.

_____
(Patient's Signature Over Printed Name)

N.B. Attending Physician should fill in the blanks below. Every detail should be answered to avoid delay in action on applications for leave submitted by the patient.

_____ of the BULACAN STATE UNIVERSITY
(Name of Patient)

Having made application for leave of absence on account of illness, I do hereby certify that I was the applicant's attending physician from _____ 20 _____ to _____ 20 _____
Inclusive and from professional provision of Section 8 of Civil Service Rule XVI.
Name of disease or disability _____
Nature of disease or disability _____

ETIOLOGY: (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 are no indications that the disease named was due to immoral or vicious habits.

_____

_____

HISTORY: _____

_____

DESCRIPTION: _____

_____

A Laboratory test or examination was _____ made in this case.

The applicant was confined to _____ from _____ , 20 _____ to
(his/her)(house/hospital)

_____ , 20 _____ , inclusive:

I HEREBY CERTIFY that above statement 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 _____ , 20 _____ , inclusive and that this claim is meritorious.

Documentary Stamp

_____ , MD
(Physician's Signature Over Printed Name)

_____

_____
(PO Adress)