

**PHILIPPINE CIVIL SERVICE**  
**MEDICAL CERTIFICATE**

CSC FORM – 41

I hereby waive my rights and privileges pertaining to professional confidence between physician and patient, and the physician accomplishing this form is authorized to answer in detail all questions contained here.

\_\_\_\_\_  
(Signature of Patient)

N.B. – (Attending physician should fill in the blanks below, every detail should be answered to avoid delay in actions on application for leave submitted by the patient.)

\_\_\_\_\_ of the Department of Education, Culture and  
(Name of Patient)

Sports 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 \_\_\_\_\_, \_\_\_\_ to \_\_\_\_\_, \_\_\_\_, inclusive and from my professional knowledge of the case the following statements submitted, as contemplated by the provisions of Section 6 of Civil Service Rule XVI.

Name of Disease or Disability: \_\_\_\_\_  
Nature of Disease or Disability: \_\_\_\_\_

ETHIOLOGY – (Under the heading in addition to giving fully the ethiology of the (disease or disability, the physician must either state 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 indications.)

HISTORY: \_\_\_\_\_  
\_\_\_\_\_

DESCRIPTION: \_\_\_\_\_  
\_\_\_\_\_

A laboratory test examination was \_\_\_\_\_ made in this case.  
The applicant was confined to (his/her house/hospital) from \_\_\_\_\_, \_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_

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I hereby certify that the above statement is complete and true in every detail and that in consequence of the disease or the disability above specified the applicant was ill and unable to be on duty on account of illness \_\_\_\_\_, \_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_, inclusive, and that his/her claim is meritorious.

(Signature) \_\_\_\_\_  
(P. O. Address) \_\_\_\_\_  
\_\_\_\_\_

(If this certificate is executed in the Philippines, affix here one DOCUMENTARY STAMP)