Republic of the Philippines

SOCIAL SECURITY SYSTEM

MEDICAL CERTIFICATE

(03-2009)

Print all information in black ink only.

TO BE FILLED OUT BY ATTENDING PHYSICIAN (except entries shaded gray)

SS NUMBER	NAME OF MEMBER (Surname) (Given Name) (Middle Name)	TRANSACTION NO.

A. MEDICAL ASSESSMENT

DIAGNOSIS:

HISTORY OF PRESENT ILLNESS:

PERTINENT PHYSICAL EXAMINATION FINDINGS:

DIAGNOSTIC/LABORATORY PROCEDURES DONE: (Indicate date tests were done and attach certified true copy of diagnostic results)

OPERATIONS DONE RELATED TO DIAGNOSIS: (Indicate date of operation and attach certified true copy of operating room records)

B. FUNCTIONAL ASSESSMENT - TO BE FILLED OUT IF MEMBER IS RESIDING ABROAD

SELF CARE	SCORE	SPHINCTER CONTROL	SCORE	MOBILITY	SCORE
A. Eating		G. Bladder Management		M. Bed, Chair, Wheelchair	
B. Grooming		H. Bowel Management		N. Toilet	
C. Bathing		LOCOMOTION		O. Tub, Shower	
D. Dressing - Upper Body		I. Walk/Wheelchair		SPECIAL COGNITION	
E. Dressing - Lower Body		J. Stairs		P. Social Interaction	
F. Toileting		COMMUNICATION		Q. Problem Solving	
		K. Comprehension		R. Memory	
		L. Expression		TOTAL SCORE (Items A-R)	

ATTENDING PHYSICIAN'S CERTIFICATION

I certify to the correctness of the above information based on my examination.

SIGNATURE OF ATTENDING PHYSICIAN

DATE ACCOMPLISHED

PRC NUMBER	NAME OF PHYSICIAN (Surname) (Given Name) (Middle Name)	SS NUMBER

CLINIC ADDRESS (No. & Street) (Barangay) (Town/District) (City/Province)	POSTAL CODE

TELEPHONE/ MOBILE NUMBER	NAME AND ADDRESS OF HOSPITAL IF PRESENTLY CONFINED: