

(03-2009)

Republic of the Philippines SOCIAL SECURITY SYSTEM MEDICAL CERTIFICATE

Print all information in black ink only.

		OUT BY ATTENDING P	***************************************	~~~~	shaded	gray)		
SS NUMBER	NAME OF MEI	MBER (Surname)	(Given Na	ame)		(Middle Name)	TRANSAC	TION NO
								111
A. MEDICAL ASSESSMENT								,*
DIAGNOSIS:								
HISTORY OF PRESENT ILLNESS:		,						
THIS TORT OF PRESENT ILLINESS.								
*								
PERTINENT PHYSICAL EXAMINATION	N FINDINGS:							
DIAGNOSTIC/LABORATORY PROCEI	OURES DONE:	(Indicate date tests wer	e done and attach	certified tr	ue cody	of diagnostic result	s)	
		,				3	-,	
i								
÷								
OPERATIONS DONE RELATED TO DI	AGNOSIS: (Inc	licate date of operation a	and attach certified	true copy	of opera	ating room records)		
·								
B. FUNCTIONAL ASSESSMENT - TO	BE FILLED OU	IT IF MEMBER IS RESI	DING ABROAD					
SELF CARE	SCORE	SPHINCTER CONTRO)L	SCORE	MOBILI	TY		SCORE
A. Eating		G. Bladder Manag	ement		M.	Bed, Chair, Wheeld	chair	
B. Grooming		H. Bowel Manage				Toilet		
C. Bathing		LOCOMOTION				Tub, Shower		
								
D. Dressing - Upper Body		I. Walk/Wheelcha	ılr			AL COGNITION		
E. Dressing - Lower Body		J. Stairs				Social Interaction		
F. Toileting		COMMUNICATION			Q.	Problem Solving		<u> </u>
	i	K. Comprehension	1		R.	Memory		
		L. Expression			TOTAL	SCORE (Items A-F	₹)	
•	ATTE	NDING PHYSICI	AN'S CERTI	FICATIO	NC			
I certify to the correctness of th	e above infor	mation based on my	examination.					
SIGNATURE OF ATTENDIN				(8.41.7.11	Jan		OMPLISHED)
PRC NUMBER NAME OF PHYS	SICIAN (Su	rname) (Giv	ven Name)	(Middle I	vame)	SS NUMBER		1
CLINIC ADDRESS (No. & Street)	(Barangay)		(Town/District)			(City/Province)	PO	STAL CODE
TELEPHONE/ MOBILE NUMBER	NAME AND	ADDRESS OF HOSPI	TAL IF PRESENT	LY CONFI	NED:			