



MED-01688 (06-2022)

Republic of the Philippines SOCIAL SECURITY SYSTEM MEDICAL CERTIFICATE

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT www.sss.gov.ph

Please read the instructions below before filling out this form. Use black ink only.

PART I - TO BE FILLED OUT BY MEMBER

SS NUMBER	NAME	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)

PART II - TO BE FILLED OUT BY ATTENDING PHYSICIAN

A. ILLNESS/INJURY DETAILS

DIAGNOSIS

HISTORY OF PRESENT ILLNESS/INJURY

PERTINENT PHYSICAL EXAMINATION FINDINGS

DIAGNOSTIC/LABORATORY PROCEDURE/S DONE, IF ANY (Indicate date test/s was/were done)

OPERATION/S DONE RELATED TO DIAGNOSIS, IF ANY (Indicate date/s of operation)

B. CONFINEMENT DETAILS

PLACE OF CONFINEMENT

HOME HOSPITAL _____
(Name and Address of Hospital)

Still confined Already discharged

DATE ADMITTED (MM/DD/YYYY) DATE DISCHARGED (MM/DD/YYYY)

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C. CERTIFICATION

I certify to the following:

- That I have seen and examined the above-named patient
- That the information in this form are true and correct
- That the illness/injury

(For Disability) is permanent in nature.

(For Sickness) confinement including recuperation period may last _____ days.
(No. of days)

This certificate is issued for whatever purpose it may serve with regards to the SSS medical claim by the patient.

SIGNATURE OF ATTENDING PHYSICIAN

DATE ACCOMPLISHED

PRC NUMBER (IF APPLICABLE)	NAME OF PHYSICIAN	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)

CLINIC/HOSPITAL ADDRESS	(RM/FLR/UNIT NO. & BLDG. NAME)	(HOUSE/LOT & BLK. NO)	(STREET NAME)	TELEPHONE/MOBILE NUMBER

(SUBDIVISION)	(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY)	(PROVINCE)	POSTAL CODE

INSTRUCTIONS

1. The member's attending physician shall accomplish this form in one (1) copy.
2. Fill-out and check all applicable items.
3. PRC number is not required for physician practicing abroad.