Republic of the Philippines
Department of Education
National Capital Region
DIVISION OF CITY SCHOOLS
City of Mandaluyong
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RELEASED
7/22/14 1:30PM

July 22, 2014

MEDICAL CERTIFICATE REQUIREMENT IN THE APPLICATION FOR THE DIVISION SUBSIDIZED SCHOLARSHIP GRANT TO TEACHING AND NON-TEACHING PERSONNEL FOR SCHOOL YEAR 2014-2015

MEMORANDUM TO: Assistant Schools Division Superintendent
Education and District Supervisors
Principals, Public Elementary and Secondary Schools
Administrative Officer V
Division Section Chiefs
President, Mandaluyong Federation of Public School Teachers Association, Inc. (MFPSTA)
President, Mandaluyong Association of Non-Teaching Personnel (MANTEP)
Nationally Paid Non-Teaching Personnel

This is to inform the field that the medical certificate requirement in the application for the Division Subsidized Scholarship Grant to Teaching and Non-Teaching Personnel for School Year 2014-2015 can be the CSC Form No. 86 or the CSC Form No. 211 (copy attached). There is no need to attach the medical examination results of the applicant. The above-stated form/s of medical certificate is enough.

Prompt and wide dissemination of this **Memorandum** is desired.

EVANGELINE P. LADINES, CESO VI
Schools Division Superintendent

C.S. Form No. 86

HEALTH EXAMINATION RECORD

Name : _____ Bureau : _____ Department : _____

Date of Birth : _____ Sex : _____ Civil Status : _____ Type of Work : _____

1. Date : _____ Age : _____ Height : _____ cm. Weight _____ kg.
2. Temperature : _____
3. Respiratory System : _____
4. Flourescopy : _____
5. Sputum Analysis : _____
6. Circulatory System : _____
7. Blood Pressure : Systolic : _____ Diastolic : _____
8. Pulse Sitting : _____ Agility Test : _____ after 3 minutes
9. Blood Analysis : _____
10. Digestive System : _____
11. Geoite-urinary : _____
12. Skin : _____
13. Locomotor System : _____
14. Nervous System : _____
15. Eyes : Conjuctive, etc. : _____
16. Color Perception : _____
17. Vision : Without Glassee Far R _____ L _____ Near R _____ L _____
    With Glasses Far R _____ L _____ Near R _____ L _____
18. Ears : _____
19. Hearing : Right Ear : _____ Left Ear : _____
20. Nose : _____
21. Throat : _____
22. Teeth & Gum : _____
23. Immunization : _____
24. Remarks : _____ Date : _____
25. Recommendation : _____
26. Employee's Signature : _____
27. Physician's Signature : _____
    Address : _____

Note : All entries must be written in ink. Any erasure or correction must be signed over by the physician.

CSC FORM NO. 211 (Revised August 1998)
MEDICAL CERTIFICATE
For Employment

PHILIPPINE CIVIL SERVICE

INSTRUCTIONS

1. This medical certificate should be accomplished by a government physician.
2. Attached this certificate to original appointments and reinstatements.

FOR THE PROPOSED APPOINTEE

NAME *(Last, First, Middle, or if married women, Maiden Name)*			AGENCY/ADDRESS
ADDRESS			PROPOSED POSITION
AGE	SEX	CIVIL STATUS	

Pre-Employment Medical - Physical Tests

1. Blood Test
2. Urinalysis
3. Chest X-Ray
4. Drug Test
5. Neuro-Psychiatric Examination (If necessary)

NOTE: ALL RESULTS OF EXAMINATIONS MUST BE ATTACHED TO THIS FORM.

FOR THE PHYSICIAN

I hereby certify that I have personally examined the above named individual and found her/him to be physically and medically fit/unfit for employment.

AFFIX Documentary Stamp here

PRINTED NAME/SIGNATURE OF PHYSICIAN	CERTIFICATE NUMBER	*OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE*		
OFFICIAL DESIGNATION		HEIGHT *(Bare feet)*	WEIGHT *(Stripped)*	BLOOD *Type*
AGENCY		DATE EXAMINED		

jv/dbb/6291998
In: medcert.doc