



Enerva Sa
 DECS

Tungkol sa
 Office of the Secretary

November 25, 1998

DECS ORDER
 No. 103, s. 1998

INCLUSION OF BLOOD TYPE IN EMPLOYEE'S RECORDS

- To: Undersecretaries
 Assistant Secretaries
 Bureau/Service/Center Directors
 Regional Directors
 Schools Superintendents
 Division Chiefs

1. Inclosed is a copy of Civil Service Commission (CSC) Memorandum Circular No. 35, s. 1998 directing all government agencies to provide the blood type of the employees in the following vital personnel documents:

- 1.1 Employees Identification (ID) Card issued by the agency;
- 1.2 Personnel Data Sheet (PDS) or CSC Form 212; and
- 1.3 Medical Certificate Form or CSC Form No. 211.

- 2. Particular attention is invited to the last paragraph of said CSC-MC.
- 3. For the information and guidance of all concerned.

Andrew Gonzalez
 ANDREW GONZALEZ, FSC
 Secretary

Incl. As stated

Reference: None

Attachment: 1--(D.O. 50-97)

To be indicated in the Personal Index under the following subjects:

EMPLOYEES - POLICY



Republic of the Philippines
CIVIL SERVICE COMMISSION

10-27-98

MC No. 35 s. 1998

MEMORANDUM CIRCULAR

TO: ALL HEADS OF DEPARTMENTS, BUREAUS AND AGENCIES OF THE NATIONAL GOVERNMENT, LOCAL GOVERNMENT UNITS, STATE UNIVERSITIES AND COLLEGES, AND GOVERNMENT OWNED AND/OR CONTROLLED CORPORATIONS

SUBJECT: Inclusion of Blood Type in Employee's Records

Cognizant of the importance of the information on blood type in an individual's records and in support of the national Voluntary Blood Service Program of the Department of Health, the Civil Service Commission (CSC) directs all government agencies to provide the blood type of the employee in vital personnel documents.

The Commission has identified the following vital documents in which the blood type should be indicated:

1. Employee Identification (ID) Card issued by the agency;
2. Personnel Data Sheet (PDS) or CSC Form 212; and
3. Medical Certificate Form or CSC Form No. 211.

The CSC in Resolution No. 582118 has revised the PDS and Medical Certificate Form with provision for blood type.

In this connection, heads of government agencies are directed to include blood typing in the health care program for their employees.

By end of 1998, all agencies should have updated the PDS of existing employees and should have renewed the employee ID cards to contain the blood type.

Corazon Alma G. de Leon
CORAZON ALMA G. DE LEON
Chairman



Republic of the Philippines
CIVIL SERVICE COMMISSION

Blood Type in Employee's Records
X-----X

Resolution No. 982113

WHEREAS, Section 12 of the Administrative Code of 1987 provides that the CSC shall, among others, prescribe, amend and enforce rules and regulations for carrying into effect the provisions of the Civil Service Law and other pertinent laws; and prescribe all forms for Civil Service examinations, appointments, reports, and such other forms as may be required by laws, rules and regulations;

WHEREAS, in line with the objectives of Republic Act No. 7719 or the National Blood Services Act of 1994, the Department of Health has proposed to the Commission the inclusion of blood type in every employee's record;

WHEREAS, the Commission, cognizant of the importance of information on blood type in employees' records, has identified the following vital documents in which the blood type should be indicated: Employee Identification (ID) Card issued by the agency, Personal Data Sheet (PDS) or CSC Form No. 212 and Medical Certificate Form for employment purposes or CSC Form No. 211;

WHEREFORE, foregoing premises considered, the Commission RESOLVES to direct all government agencies to provide the blood type of the employees in the above-mentioned documents;

The Commission further RESOLVES to direct all government agencies to immediately use the Personal Data Sheet or CSC Form No. 212 and the Medical Certificate Form or CSC Form No. 211 as revised (August 1998) w/ provision for blood type.

QUEZON CITY, AUG 13 1998

THELMA P. GAMINDE
Commissioner

CORAZON ALMA C. DE LEON
Chairman

JOSE F. ERSTAIN, JR.
Commissioner

Attested by:

ARIEL C. RONQUILLO
Director III

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 woman, Maiden Name)			AGENCY/ADDRESS		
ADDRESS			PROPOSED POSITION		
AGE	SEX	CIVIL STATUS			

Pre-Employment Medical - Physical Tests

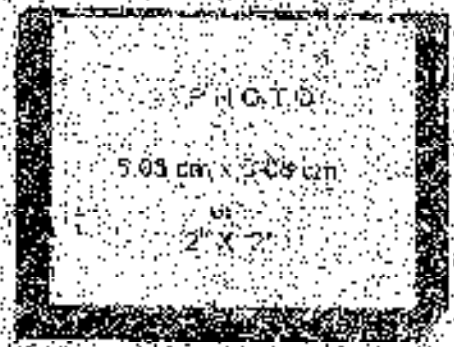
1. Gited Test
2. Urinalysis
3. Chest X-Ray
4. Drug Test
5. Neuro-Psychiatric Examination (if necessary)

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 him/her to be physically and medically fit/fit for employment.		AFFIX Documentary Stamps Here	
PRINTED NAME / SIGNATURE OF PHYSICIAN	CERTIFICATE NUMBER	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
OFFICIAL DESIGNATION		HEIGHT (2nd last)	WEIGHT (3rd last)
AGENCY		BLOOD Type	
		DATE EXAMINED	

PERSONAL DATA SHEET



1. SURNAME	MIDDLE NAME	3. SEX	5. CIVIL STATUS
2. FIRST NAME	4. MARITAL STATUS	6. NAME OF SPOUSE	7. CITIZENSHIP
8. PLACE OF BIRTH	9. WEIGHT (KILO)	10. BLOOD TYPE	11. TELEPHONE NO.
12. ADDRESS	13. NAME OF FATHER	14. NAME OF MOTHER	15. CHILDREN
(Complete on separate sheet, if necessary)			

16. EDUCATION	NAME OF SCHOOL / COLLEGE / UNIVERSITY	DEGREE EARNED (write NONE if not graduated)	NUMBER OF UNITS COMPLETED Course Title	INCLUSIVE DATES OF ATTENDANCE	HONORS RECEIVED
ELEMENTARY					
SECONDARY					
COLLEGE					
POST GRADUATE					

19. CIVIL SERVICE (CIVIL OR PROFESSIONAL EXAMINATION)	Year of Examination	Rating	Place of Examination

20. RECORD OF IN-SERVICE TRAINING (as required by the CSET STUDY AND SCHOLARSHIP GRANTS)			
Title of 5-hour differential	Inclusive Dates	No. of Hours	Completed by

21. SERVICE RECORD (Include all employment outside given district service)

Initials & Dates	Position	Department/Agency	Monthly Salary	Status of Appointment

(Continue on separate sheet, if necessary)

22. SPECIAL SKILLS

23. OTHER QUALIFICATIONS (Include membership in related associations, hobbies, etc.)

(Continue on separate sheet, if necessary)

24. Are you related by consanguinity or affinity to the appointing authority, or to the chief of bureau or office, or to the person who has immediate supervision over you in the Office Bureau or Department where you will be appointed?

a. within the third degree Yes No

b. within the fourth degree to LOCAL GOVERNMENT EMPLOYEES Yes No

If YES, give particulars:

25. Do you have any pending or administrative cases? Yes No

If you have any, give details of the offense Yes No

26. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal? Yes No

27. Have you ever been convicted of any administrative offense? Yes No

If your answer is YES, give details of the offense:

28. Have you ever been retained, invited to resign, or dropped from employment in the public and private sector? Yes No

If YES, give reasons:

29. Have you ever been a candidate in a national or local election (except Sanggunian election)? Yes No

If YES, give date of election and other particulars:

30. REFERENCES (Persons not related by consanguinity or affinity to applicant/appointee)

Name

Address

31. I declare that the answers given above are true and correct.

Signature

CSC FORM NO. 211 (Revised August 1980)
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 woman, 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 mentally sound for employment.		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> AFFIX Documentary Stamp Here </div>	
PRINTED NAME / SIGNATURE OF PHYSICIAN		CERTIFICATE NUMBER	
OFFICIAL DESIGNATION		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY		HEIGHT (Bare feet)	WEIGHT (Striped)
		BLOOD Type	
		DATE EXAMINED	