

Republic of the Philippines
Social Security System
Medical Benefits Section

Date: _____

NAME: _____

SSS # : _____

COMPLETE OBSTETRICAL HISTORY

(To be filled up by attending OB-Gynecologist)

OBSTETRICAL SCORE:

DETAILED OB HISTORY (Complete data below using this format)

G1=	_____	_____
	<i>Date</i>	<i>Type of Delivery</i>
G2=	_____	_____
	<i>Date</i>	<i>Type of Delivery</i>
G3=	_____	_____
	<i>Date</i>	<i>Type of Delivery</i>
G4=	_____	_____
	<i>Date</i>	<i>Type of Delivery</i>
G5=	_____	_____
	<i>Date</i>	<i>Type of Delivery</i>

OTHER REMARKS (If any):

This serves as the member's Medical Certificate.

Print Name and Signature
ATTENDING OB-GYNE/Midwife

License # : _____
(If Applicable)