



Republic of the Philippines

POLYTECHNIC UNIVERSITY OF THE PHILIPPINES

Office of the Vice President for Administration

Medical Service Department

Declaration of Medical Information and Data Subject Consent Form

I hereby certify that the medical health information given to the physician and nurses of Polytechnic University of the Philippines (PUP) during my on-site consultation for the issuance of medical clearance for off-campus activity/ies are true, correct and complete to the best of my knowledge. I have fully disclosed all the medical condition that may affect in the assessment to endorse my participation in the _____ activity/ies as a student of PUP.

I also understand that the PUP Medical Services and University will not be liable for any untoward incident that may arise due to my failure to disclose accurate information or intentionally providing false and deceptive information.

In compliance with the Data Privacy Act of 2012 and its implementation Rules and Regulation, I voluntarily consent to the collection, processing and storage of the personal and health information for the purpose/s of health assessment, treatment, or research (following research ethics guideline) for the improvement of healthcare services.

Student's Signature Over Printed Name/Date

Remarks:

Guardian's Signature Over Printed Name/Date

Both students and guardian will affix their signature if the student is aged below 18 years old