**MEDICAL CLINIC**

**Medical Clearance for Face-to-Face Classes/OJT/Practicum**

**I.Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ID # | Surname | First Name | Middle Name | Sex | Age |
| Course/Year/Section | Address | | Contact# | Date Of Birth | |
| College/Office | Email | | |
| Coordinator/Adviser/Head | Parent/Guardian/Person to Notify in case of Emergency | | Contact # | | |

**II. Risk Assessment**

Do you have any of the following?

|  |  |  |
| --- | --- | --- |
| Condition | Yes | No |
| 1. Above 60 years old |  |  |
| 1. Cardiovascular Disease/Hypertension |  |  |
| 1. Chronic Lung Disease/Asthma |  |  |
| 1. Chronic Metabolic Disease/ Diabetes |  |  |
| 1. Chronic Renal Disease |  |  |
| 1. Chronic Liver Disease |  |  |
| 1. Cancer |  |  |
| 1. Autoimmune Disease, Immunodeficient State (HIV & others) |  |  |
| 1. Pregnant, AOG: |  |  |
| 1. Others, please specify: |  |  |
| 1. Living with person belonging to vulnerable population |  |  |

*If you answered yes in any of the above, you are advised against joining face-to-face activity and should opt for online mode of classes/OJT/Practicum due to the health risk during the COVID 19 pandemic. Insistence in joining face-to-face school activity will only be allowed upon the presentation of a Medical Certificate from Attending physician indicating that the condition is stable and the patient is fit to physically attend class/OJT/Practicum/Work. Student/personnel will responsibility for acting against medical advice.*

**III.Medical Requirements**

|  |  |  |
| --- | --- | --- |
| COVID 19 Vaccination | Primary Dose | Booster |
| Medical Certificate from AP |  | |
| Chest X-ray (PA view) |  | |
| Complete Blood Count |  | |
| Drug Test (From a DOH Accredited Laboratory |  | |
| Stool Exam/ Rectal Swab |  | |

**IV.Certification**

|  |  |
| --- | --- |
| The Information I provide above are truthful and accurate. I have been appraised of health risk in joining face-to-face school activity during the COVID 19 pandemic. I will abide by health protocols. | Above student/personnel was evaluated and appraised of health risk in joining face-to-face school activity, and submitted the medical requirements. He/She is given medical clearance for face-to-face activity. |
| Student Date | Physician/Nurse Date |