Republic of the Philippines
Department of the Interior and Local Government
BUREAU OF FIRE PROTECTION
NATIONAL HEADQUARTERS
Agham Road, Barangay Bagong Pag-asa, Quezon City
Telefax Number: (02) 426 - 4399
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HEALTH SERVICE

GENERAL CONSENT FORM

I, _____ sex _____**,** of legal age _____**,** residing at _____**,** hereby voluntarily give my authorization and full consent to the performance of the procedure(s)/examination, _____ after having read and full understand this form and talked with the licensed BFP health personnel and/or his/her associates assisted by medical personnel, my signature below acknowledges that.

Signed: _____ _____
Signature over Printed Name **Date**

Witness: _____ _____
Signature over Printed Name **Date**
(Chief Records/Triage Officer)