



Republic of the Philippines
CARAGA STATE UNIVERSITY
Ampayon, Butuan City 8600, Philippines
Competence Service Uprightness
OFFICE OF THE STUDENT INTERSHIP PROGRAM

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CERTIFICATION OF GOOD HEALTH

Student Name : _____

College : _____

Program/Year : _____

The portion below must be completed by the University Physician or University Nurse.

I certify that the above-named individual has been examined by me and is found to be in good physical and mental health, free from communicable diseases, and able to function and perform the activities in the field laboratory.

Physician / University Nurse Signature

Date