



## **MEDICAL WAIVER**

I, \_\_\_\_\_, a student-applicant of Baliwag Maritime Academy intending to take up BS Marine (Transportation / Engineering) hereby understand that Centerport Medical Services, Inc. is the official affiliated medical clinic of the Academy. However, in consideration to the present situations under COVID 19 Pandemic, I, may be allowed to undergo my medical examination in other DOH accredited hospital/clinics/laboratories for safety consideration. Subsequently the medical results that will be submitted shall be subject to a thorough verification/validation by Centerport Medical Services, Inc. for issuance of clearance prior to enrolment proceedings.

I also understand that in the event that the result of my medical examinations failed to meet the required standards for passing due to certain discrepancy/negative findings by Centerport Medical Services, Inc, I am fully aware that I shall be required to undergo repeat medical examinations on my account.

By affixing my signature below, I hereby agree and confirm my thorough understanding regarding the repercussion /consequence of not undergoing my medical examination at Centerport Medical Services, Inc.

\_\_\_\_\_  
Signature of Applicant Over Printed Name

\_\_\_\_\_  
Date