



**J.H. Cerilles State College**

School of Engineering and Technology

**INTERNSHIP PROGRAM**

**WAIVER FOR PHYSICALLY UNFIT INTERNS**

TO: The Programs Head of School of Engineering and Technology

This is to certify that I have been in consultation with the Institution physician/nurse and that he/she considers me physically unfit to proceed with the Internship program outside.

Even with this limitation, I am still willing to go through with the Internship Program in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Company Address) provided that I will be communicating regularly with the College nurse/physician or my family physician.

In this regard, I hereby hold the College free from any liability that may arise during the entire period of my Internship with the assigned Companies/Agencies in connection with my health.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intern’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intern’s Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**APPROVED BY:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s/Guardian’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s/Guardian’s Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date