



CONSENT AND CONFIRMATION FOR BACKGROUND CHECK

I, Daniela Marie C. Albano, hereby authorize MyHealth Clinics and/or their appointed Agent/Company to verify, counter-check and gather any and all information that I have provided in the application forms, related or reasonably material to my employment application including but not limited to my identity, address, origin, marital status, age, race, and affiliations, health, education, personal data, government licenses, dealings with any government agencies, bank or other financial institution, or information about any judicial, quasi-judicial or administrative case or proceeding, filed for or against me and for this purpose, MyHealth Clinics and/or their appointed Agent/Company may conduct inquiries as may be necessary at the company's discretion.

I hereby release all persons from liability on account of such disclosure.

I further confirm that I have expressly consented to and authorized the collection, holding, processing and use of my personal information, of whatever nature and however extensive, in relation to my application for employment, actual employment and post-employment recording/verification.

In witness whereof, I have affixed my signature below.

A handwritten signature in black ink, consisting of a large, stylized 'D' followed by a series of loops and a final horizontal stroke.

Albano, Daniela Marie C.

Signature over printed name

Date:

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