DOST-SET

Republic of the Philippines Department of Science and Technology

#### **SCIENCE EDUCATION INSTITUTE**

2<sup>nd</sup> Level, Science Heritage Bldg., DOST Cmpd., Gen. Santos Avenue, Bicutan, Taguig City

## **2023 JUNIOR LEVEL SCIENCE SCHOLARSHIPS**

#### **TEST PERMIT**

TCC – Examinee ID: 18B-063  Name: JHON FELIX RODRIGUEZ PASCUAL  Permanent Address: PUROK 5 AMSIC ANGELES CITY PAMPANGA	
Legislative District: _1 Zip code:	Thon Felix R. Faxva)

Please present this Test Permit to take the 2023 DOST-SEI Junior Level Science Scholarship Examination on the indicated schedule and testing center:

Date: **August 27, 2023 (Sunday)** (To be filled-up on the Schedule: Second Batch from 1:00 PM - 6:00 PM day of the exam) **DOLORES STAND ALONE SENIOR HIGH SCHOOL** Venue: Temperature: ROOM: 2ND FLR., SHS BLDG., DOLORES CITY OF SAN FERNANDO, Address: **PAMPANGA** 

Please report to the Marshal at Station <u>1</u>

#### **EXAMINEE HEALTH DECLARATION**

	(To be filled up by Examinee <b>on the day of the examination</b> )		
	,	YES	NO
1.	Are you experiencing any of the following? (Nakararanas ka ba ng alin man sa sumusunod?)		
	Fever for the past few days (Lagnat sa nakalipas na mga araw)		
	Dry Cough (Tuyong ubo)		
	Fatigue (Pagkapagod)		
	Aches and Pains (Pananakit ng katawan)		
	Runny Nose (Sipon)		
	Shortness of Breath (Hirap sa paghinga)		
	Diarrhea (Pagtatae)		
2.	Have you stayed in the same close environment of a confirmed COVID-19 case? (May nakasama ka ba na kumpirmadong may COVID-19/may impeksyong ng corona virus?)		
3.	Have you had any contact with anyone with fever, cough, colds, and sore throat in the past 2 weeks? (Mayroon ka bang nakasama na may lagnat, ubo, sipon, o sakit ng lalamunan sa nakalipas na dalawang lingo?)		
	Signature of Examinee:		

Please be guided of the following:

- Upon receiving this test permit, you and your parent or legal guardian MUST read, understand, and sign the PARENTAL **CONSENT AND WAIVER Form (below).**
- If you are not familiar with the location of your designated Test Center, check it out before the exam day. 2.
- Arrive at the Test Center at least 30 minutes before the indicated time so you can relax and prepare yourself for the exam. LATECOMERS WILL NOT BE ALLOWED TO TAKE THE EXAM.
- Upon arrival at the test venue, answer the EXAMINEE HEALTH DECLARATION form above.
- On the exam day, bring also:
  - **School ID Card**
  - Pencils (Mongol #2), eraser, and sharpener
  - **Accomplished Parental Consent and Waiver Form**

$\mathbf{M}$	TEST PERMIT
NO	TEST PERMIT PARENTAL CONSENT, AND WAIVER FORM

# = NO EXAMINATION

- 6. You are advised to have a heavy meal prior to reporting to your test session. You will not be allowed to eat at any time during the test. You may bring water with you.
- Dress appropriately on Exam Day. NO slippers, shorts, and undershirt (sando) allowed.
- Wear a mask for the entire duration of the test (except when you have to drink water).
- In case of adverse weather conditions on the day or before the scheduled examination, DOST-SEI may issue an official suspension of the examination in affected areas. The following are the scheduled time of the announcement:
  - Before the day of the Examination: 6 AM, 10 AM, and 6 PM
  - On the day of the Examination: 4 AM
- 10. In case of a surge in the number of Covid-19 cases, the examination will be cancelled. The selection of potential qualifiers will be done through data analytics.

### (To be filled up by Examinee's Parent/Legal Guardian and Examinee)

PARENTAL CONSENT AND WAIVER		
As the parent/legal guardian ofJHON FELIX RODRIGUEZ PASCUAL, I hereby acknowledge that I have been informed of the details of the conduct of the <b>2023 Junior Level Science Scholarship Examination</b> .		
I understand that the <b>DOST-SCIENCE EDUCATION INSTITUTE (SEI)</b> shall implement the minimum public health standards set by the government to minimize the risk of the spread of COVID-19, but it cannot guarantee that my child will not become infected with COVID-19, given that COVID-19 is highly contagious.		
I understand that my child's in-person attendance will include associating with test personnel, fellow examinees, and other persons inside and outside of the test center that may put my child at risk of COVID-19 transmission, notwithstanding the precautions undertaken by the DOST-SEI.		
I acknowledge that my child's participation in this examination is completely voluntary. While there remains the risk of possible COVID-19 transmission to my child and to the members of my household, I freely assume the said risk and I permit my child to take the exam.		
I am aware that symptoms of COVID-19 include, but are not limited to, fever or chills, cough, shortness of breath or difficulty in breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, and diarrhea. I confirm that my child currently has none of those symptoms, and is in good health. I will not allow my child to physically attend the examination if my child or any member of my household develops any of the said symptoms or any other symptoms of illness that may or may not be related to COVID-19.		
To the extent allowed by law and rules, I hereby agree to waive, release, and discharge any and all claims, causes of action, damages, and rights against the test personnel as well as officials and personnel of the <b>DEPARTMENT OF SCIENCE AND TECHNOLOGY</b> relative to the conduct of the scholarship examination.		
I hereby indemnify and save harmless the <b>DEPARTMENT OF SCIENCE AND TECHNOLOGY</b> , its officers, agents, employees, and assigned personnel, from any and all claims, actions, suits, charges, and judgments arising from and relative to the conduct of the qualifying examination. With full understanding, $I - on$ behalf of myself, my household members, and my child $-$ hereby freely and voluntarily give my consent to my child's participation in the examination. I also attest that I had sought the views of my child and he/she has expressed willingness to participate in the activity.		
This document shall be binding to the fullest extent permitted by law. If any provision of this release is found to be unenforceable, the remaining terms shall still be enforceable. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, AND NOT ONLY DO I FULLY UNDERSTAND ITS TERMS BUT I UNDERSTAND THAT I HEREBY RELEASE ALL LIABILITY AND THEREIN RELINQUISH LEGAL RIGHTS BY SIGNING IT. I ALSO SIGN IT FREELY AND VOLUNTARILY UNDER MY OWN FREE WILL WITHOUT ANY INDUCEMENT, COERCION OR OTHERWISE.		
I also authorize the <b>DOST-SEI</b> to collect and process the data indicated herein for the purpose of effecting control of the COVID-19 infection. I understand that my personal information is protected by RA 10173, Data Privacy Act of 2012, and I am required by RA 11469, Bayanihan to Heal as One.		
CONTACT DETAILS OF PARENTS/GUARDIAN:		
PARENT/LEGAL GUARDIAN'S SIGNATURE ~ Mobile:		
OVER PRINTED NAME ~ Landline:		

Remarks: Upon validation of your application and the documents you submitted, we noted that some information in the following

DATE: \_\_\_\_\_

~ Email Address: \_\_\_\_\_

• Form G1/G2 - Commitment to Return of Service - Outdated/Different Application Form was used

JHON FELIX RODRIGUEZ PASCUAL
EXAMINEE'S SIGNATURE OVER PRINTED NAME

documents must be revalidated:

• Recent picture, passport size (4.5 cm x 3.5 cm or 1.8 inches x 1.4 inches) - Not in correct format

Resubmit the listed requirements by uploading it in the E-Application System at https://www.science-scholarships.ph on or before September 15, 2023.