	BOHOL ISLAND STATE UNIVERSITY Clarin Campus Poblacion Norte, Clarin, Bohol	**Form No.:** **Revision No.:**	IFD-COP-MCDS004-001 00
		Effectivity Date:	August 12, 2020
		Related Process:	COP-MCDS-004
		STUDENT MEDICAL WAIVER	

I, _____ (*Full Name Ex. Juan Dela Cruz*) enrollee for the 1st Semester of A.Y. 2020-2021 in _____ (*Course Ex. BS Electrical Engineering*).

I am fully aware that among others, the requirements for enrolment are (*Please tick all medical requirements below that are applicable to your course.*):

- ☐ HBsAg (*For Health and Allied Sciences courses and Food handlers*)
- ☐ Sputum Examination and Stool Examination (*For Food Handlers*)
- ☐ Ishihara- Eye test (*For Electrical Engineering, Computer Engineering, Electrical Technology, Electronics Technology, and Automotive Technology.)*
- ☐ Chest Xray (*For All courses*)
- ☐ Medical Certificate (*For All courses*)

However, due to the on-going COVID-19 pandemic, results of the above tests could not be secured.

In view thereof, I hereby agree that as soon as the general condition shall have improved, I will comply with the mentioned requirements. Should I fail in any of the tests, I hereby further agree to shift to other courses/transfer to other BISU campuses subject to transfer guidelines.

I will not hold the university, or any of its personnel, liable for any consequence of this consent that I herein declare.

Very Respectfully yours,

_____
Student's signature over printed name

Noted with Consent

_____
Parent's signature over printed name

Subscribed and Sworn before me this ____ day of _____, 2020 at _____ .

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Page No. _____
Book No. _____
Series of _____