

**UNIVERSITY HEALTH SERVICE**  
 UNIVERSITY OF THE PHILIPPINES  
 Diliman, Quezon City

**CONSENT FOR PHYSICAL EXAMINATION**

PLEASE CHECK ONE (1):

For Minors (below 18 years of age):

I hereby grant consent to any of the staff physicians of the U.P. Health Service, Diliman, Quezon City to conduct a thorough physical/medical examination of my son/daughter/charge \_\_\_\_\_ as a prerequisite for admission to U.P. Diliman.

For those of legal age (18 years old & above)

I grant my consent to any of the staff physicians of the U.P. Health Service, Diliman, Quezon City to conduct a thorough physical/medical examination on myself as a prerequisite for admission to U.P. Diliman.

\_\_\_\_\_  
 Signature over Printed Name

\_\_\_\_\_  
 Relationship (in the case of minor)

Date: \_\_\_\_\_

*freshmenpe\_consent/PLUG/2016*

**UNIVERSITY HEALTH SERVICE**  
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**CONSENT FOR MINORS**

Name of Patient \_\_\_\_\_ Age \_\_\_\_\_

Student       Employee-/FacultyDependent       Non-UP

I, \_\_\_\_\_, \_\_\_\_\_ years old resident of \_\_\_\_\_ in my capacity as his/her parent/legal guardian, give my consent to the UNIVERSITY HEALTH SERVICE and its staff to perform whatever diagnostic procedures/treatments, as may be deemed necessary in the OPD, in the management of his/her case. (For minor ailments only).

In reservation, I \_\_\_\_\_  
 \_\_\_\_\_

I, therefore, hereunder set my hand on this \_\_\_ of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Signature of Witness