

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: _____

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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