



LYCEUM OF THE PHILIPPINES UNIVERSITY
Gen. Trias, Cavite
1st Semester, A.Y. 2020-2021
COLLEGE OF NURSING



WAIVER FOR MEDICAL RESULT

I _____ the parent or guardian of _____ an enrollee in
(Parent/Guardian) (Student's Name)
the Lyceum of the Philippines University Cavite, BS Nursing program (BSN). Hereby declare that I understand the nature of the program. That I am thoroughly and properly oriented by the staff and faculty members regarding the rules and regulations of this institution and the college department.

With the complexity and the vast range of the nursing profession, being a profession that protects the life, and not a carrier of disease. We want to ensure that every patient receives the best possible care.

In connection with this, a **Medical Examination** by the duly accredited clinic is a requirement for pre enrollment per semester/summer. This includes the Basic 5 (Physical Examination, CBC, Urinalysis, Fecalalysis, Chest X-ray) and the Hepatitis B Result. However, due to this **CORONAVIRUS** pandemic, we understand the difficulty of obtaining a medical/physical exam. Therefore, we will require the medical exam results to be submitted whenever face-to-face classes are allowed.

Finally, if the student will have a reactive result or any other health issues that displays unfit for the BS Nursing program, therefore the student will be recommended to shift to another course or to another school.

I further acknowledge by my signature below that I have read this waiver carefully and understand its terms and am willing to abide by the college department's rules and regulations.

Guardian's Printed Name & Signature

Student's Signature/Date

Prepared by:

Sgd
Jan Jarrel B. Gillego, RN, MAN
Coordinator, College of Nursing

Approved by:

Sgd
Ma. Cecilia O. Quibel, RN, PhD
Dean, College of Nursing