



STUDENT'S HEALTH DECLARATION

FM-MED- REV 0 JUN 2020

I consider myself in Good Health Condition to enroll for School Year 2020 - 2021, First Term.
 I am not a Covid-19 patient or a suspect of Covid-19 at the time of enrollment date:

I will immediately inform TUP-Taguig if in case I become Covid-19 positive or suspect.
 I am honest in giving all data and information required for my enrollment.

Student's Name: _____ Signature: _____ Date: _____

Data Privacy and Data Honesty Agreement

We/I hereby permit the TUP Taguig Health Services to disclose information pertaining to student's health status and other medical findings for the purpose of medical treatment, referral to other healthcare providers, for insurance claims, job training, scholarship application, guidance & counselling, for health & safety, including for public health risk reasons.

Furthermore, We/ I am authorizing TUPT to collect and process data for the purpose of effecting control of COVID-19 infection. We/ I understand that these personal information is protected by RA 10173 Data Privacy Act and We/ I am required by RA 11332 to provide truthful information about health condition.

Name of Parent/Guardian _____ Signature: _____
 Contact #/Cel # of Parent/Guardian _____ Date: _____

Student's Personal Information

Surname	First Name	M.I.
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	
Birthdate:	Religion:	
City Address:		
Province:		

Please CHECK if STUDENT had any of the conditions listed below.

<input type="checkbox"/> Asthma/Hika	<input type="checkbox"/> Chickenpox/Bulutong	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Pneumonia
<input type="checkbox"/> Allergies	<input type="checkbox"/> Dengue	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Anemia	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> High Blood	<input type="checkbox"/> UTI
<input type="checkbox"/> Appendicitis	<input type="checkbox"/> Fainting	<input type="checkbox"/> Bone Fracture	<input type="checkbox"/> Gastritis/Ulcer
For Females Only: <input type="checkbox"/> Regular Menses <input type="checkbox"/> Irregular Menses <input type="checkbox"/> Dysmenorrhea <input type="checkbox"/> Pregnant at present			
Other Previous Operations or Hospitalization:			

Please CHECK your answers to the questions below.

Do you smoke vape/cigarette?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> Tried once <input type="checkbox"/> Occasional
Do you drink beer or alcohol?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> Tried once <input type="checkbox"/> Occasional
Have you tried illegal drugs?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> Tried in the past
Do you play any sports?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	If YES, what? _____
Are you a working student?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	If YES, where? _____



Republic of the Philippines
**TECHNOLOGICAL UNIVERSITY OF THE PHILIPPINES
 TAGUIG**

The Technological University of the Philippines shall be a premier state university with recognized excellence in engineering and technology education at par with the leading universities in the ASEAN region.

**AFFIDAVIT OF
 UNDERTAKING**

FM-REG- REV 0 JUNE 2020

REGISTRATION & ADMISSION SECTION

Note: This document shall be accomplished if the required Original copy of the requirement/s is/are not available, Disregard if not applicable.

New Student – Conditional Admission Contract

I, _____, age _____, a resident of

 (Name of Student/Applicant)

 (Complete residence address)

hereby sign this document freely and with full understanding of its contents.

The present circumstances are:

1. I choose to enroll at _____ TUP-TAGUIG this First Term, SY 2020 - 2021
2. I certify that I am a graduate of SHS/previously enrolled at _____
 (Name of Previous School)
 and passed the SHS Grade 11 & 12/ _____.
3. Due to _____, I cannot submit the original copy of the following: SH/SHS Card/Form 138 (Grade 11& 12), Certificate of Good Moral Character (issued 2020), Certificate of Transfer Credential, PSA Birth Certificate.
4. I understand that I shall be temporarily enrolled and slot is not certain because I have not submitted the required credentials.

With these circumstances, I undertake to:

1. Do what is legally permissible for the release of my credentials from the previous school.
2. Submit the required credentials on or before: _____
3. I agree that I will become officially enrolled student in this University upon submission of the said credentials.

Without my Original credential, I fully understand that:

1. I am temporarily enrolled for this 1st Term, SY 2020 – 2021.
2. My subjects enrolled/grades this 1st Term SY 2020 – 2021 shall not be credited.
3. I cannot get any related academic records needed for scholarship/transfer
4. I shall not be allowed to enroll on the next or succeeding terms.

With all the foregoing, I shall hold free from any liability, whether civil, criminal or administrative, all TUP Taguig Personnel who are involved in my admission and enrollment, and the enforcement of any law or rule and the obligation provided in this document.

Signed this _____ day of _____ at _____.

 Student's Signature Overprinted Name
 Gov't ID Presented: _____
 ID Number _____ issued _____
 Cellphone Number: _____

 Parent's/Guardian Signature Overprinted Name