



MEDICAL AND DENTAL CLINIC
UNIVERSITY OF MAKATI

DISCLOSURE OF MEDICAL CONDITION

I, _____, _____, _____, presently residing at
(Last Name, First Name, Middle Name) (age) (sex)

_____, with contact number _____

and a student to be enrolled at the University of Makati do hereby declare that:

I am physically and mentally fit to study (online)

I was diagnosed by a medical doctor with (check and specify):

___ Cardiovascular disease

___ Hypertension

___ Chronic Respiratory disease

___ Cerebrovascular disease

___ Cancer/Malignancy

___ Depression/Anxiety or other mental related problems

___ Others, please specify: _____

Furthermore, I hereby answer this form truthfully and set the University of Makati free from any legal liability that may affect my physical and mental wellbeing directly or indirectly caused by my (online) studies for misdeclaration of my true medical condition.

Note: For students with any of the above medical condition, please submit/attach a medical certificate from your attending medical doctor.