



**MEDICAL WAIVER FORM**

I, \_\_\_\_\_, a member of \_\_\_\_\_  
 (Class and Class No) is fully aware of the conditions and consequences that this training will bring upon me, do hereby attest and say the following:

That I hereby guarantee that I am physical, mentally and psychologically fit for training as certified by the PNP/BFP/BJMP/PCG Health Service, the Copy of Medical Certificate hereto attached.

That I am aware that the training program under this course requires at least a clean bill of health in order for me to pass the strenuous physical fitness requirements. Any illness, disability or condition that might be discovered by NPC that may hinder or forbid me from performing the physical fitness activities as required by the course is sufficient ground for the termination of my training.

That I promise to submit myself to the regular and random check-up of my medical condition by the NPC authorities to ascertain my health and fitness while in the course of training.

My continued training in this College is of my own free will and insistence and that I will abide with and satisfy the requirements set by the NPC Education and Training Guide in order for me to pass the course. I will not hold the NPC liable if something untoward happens to me with regards to my health and fitness.

I am executing this waiver on my own free will and fully aware of its consequences.

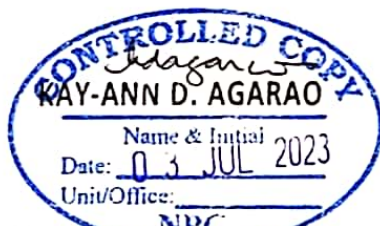
Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20 at NPC, Camp General Mariano N Castañeda, Silang, Cavite.

\_\_\_\_\_  
 (Name and Signature)

\_\_\_\_\_  
 (Witness)

\_\_\_\_\_  
 (Witness)

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_  
 20\_\_ at National Police College, Camp General Mariano N Castañeda, Silang, Cavite.



\_\_\_\_\_  
 (Administering Officer)