

**CERTIFICATION AND DATA PRIVACY CONSENT FORM FOR PRE-ENROLLMENT
HEALTH ASSESSMENT (PEHA) CONDUCTED BY THE HEALTH SERVICE UNIT
OF THE UNIVERSITY OF THE PHILIPPINES CEBU**

I certify that:

1. I understand that Art. 328 of the Revised University of the Philippines (UP) Code requires that:

Every applicant for admission shall undergo a thorough health examination. No student shall be admitted to this University System who is found by the University Health Service to be suffering from a dangerous, communicable, contagious, infectious disease or who is physically unfit to take courses in any College or School of the University System.

2. If I have been previously admitted to the UP System which includes all the Constituent Universities (CUs) or campuses of UP, I confirm that upon my admission, I signed and submitted the UP Student Pledge to the proper Office of the University Registrar pursuant to Art. 329 of the Revised UP Code which states:

In consideration of my admission to the University of the Philippines System and of the privileges of a student in this institution, I hereby promise and pledge to abide by and comply with all the rules and regulations laid down by competent authority in the University System and in the College or School in which I am enrolled.

3. Based on the existing policies, rules and regulations of UP, I understand that as a:

- ☐ Transfer student from another UP campus
- ☐ Returning student from Leave of Absence (LOA) of at least two (2) semesters, for whatever reason
- ☐ Returning student from Absence Without Leave (AWOL) of at least two (2) semesters, for whatever reason
- ☐ Student applying for cross-enrollment

I am required to undergo a PEHA in order for the UP Cebu Health Service Unit to be able to provide me with the proper treatment in the event of a medical emergency.

4. I grant my consent pursuant to the Philippine Data Privacy Act of 2012 (DPA) [Republic Act No. 10173](#) for the UP System which includes offices of the UP System Administration such as the Philippine General Hospital, all CUs and UP campuses, through the proper Health Service Unit of UP Cebu to process (collect, use, store, securely dispose or otherwise perform operations on) my:
- a. last name

- b. first name
- c. full middle name (if applicable)
- d. student number
- e. photograph (colored, 2 x 2 inches, taken during the last three months)
- f. sex assigned at birth
- g. birthdate
- h. age
- i. department/institute /school
- j. college
- k. permanent home address
- l. home contact number
- m. address while registered in UP (insert CU or campus) if a continuing student
- n. contact number while registered in UP (insert CU or campus) if a continuing student
- o. person to contact in case of emergency (full name, address and contact number)
- p. father and mother's current ages (if living) or their respective age(s) at death and cause(s) of death
- q. approximate age when I had any of the following diseases:

<input type="checkbox"/> Anemia/Blood Disorder	<input type="checkbox"/> Thyroid Disease
<input type="checkbox"/> Hernia	<input type="checkbox"/> Dengue
<input type="checkbox"/> Poliomyelitis Asthma _____	<input type="checkbox"/> Malaria
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Tonsillitis
<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Cancer	<input type="checkbox"/> Measles
<input type="checkbox"/> Influenza A (H1N1): _____	<input type="checkbox"/> Tuberculosis/Primary Complex Diphtheria
<input type="checkbox"/> Skin Disease	<input type="checkbox"/> Mental Problem/Disorder
<input type="checkbox"/> Chickenpox	<input type="checkbox"/> Typhoid
<input type="checkbox"/> Joint Pains/Arthritis	<input type="checkbox"/> Ear disease/defect
<input type="checkbox"/> Syphilis	<input type="checkbox"/> Mumps
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Ulcer (peptic)
<input type="checkbox"/> Kidney disease	<input type="checkbox"/> Eye disease/defect

☐ Neurologic Problem/Disorder

☐ Heart disease

☐ Ulcer (skin)

☐ Pneumonia

☐ Gonorrhea Pertussis
(Whooping cough)

☐ Pleurisy
Hepatitis: _____

☐ COVID-19

☐ Other dangerous, communicable, contagious, infectious conditions

r. symptoms (if I am currently experiencing any):

☐ Headaches (frequent)

☐ Fracture

☐ Sore throat (frequent)

☐ Hearing problems

☐ Diarrhea/Constipation: _____

☐ Swelling of feet

☐ Dizziness (frequent)

☐ Accident/Injuries

☐ Chest pain

☐ Cough (> 2 weeks)

☐ Joint pains

☐ Nausea (frequent)

☐ Fainting/Loss of consciousness

☐ Hospitalization: _____

☐ Back pain

☐ Colds/Nasal Congestion

☐ Muscle pain (frequent)

☐ Vomiting

☐ Insomnia

☐ Operation: _____

☐ Easily gets tired

☐ Fever (frequent/recurrent)

☐ Frequent urination

☐ Abdominal pain/discomfort

☐ Depressed mood (> 2 weeks)

☐ Frequent early morning sneezing

☐ Difficulty of breathing

☐ Loss of appetite

☐ Eczema/Skin problems

☐ Nosebleed (frequent)

☐ Eye/Visual problems

☐ Weight loss/gain (specify)

☐ Palpitations

☐ Others: _____

s. immunization, if any, for the following

	Dose 1	Dose 2	Dose 3	Booster 1	Booster 2
BCG	<input type="radio"/>				
Typhoid	<input type="radio"/>				
Measles, Mumps, Rubella	<input type="radio"/>	<input type="radio"/>			
Varicella	<input type="radio"/>	<input type="radio"/>			
Hepa A	<input type="radio"/>	<input type="radio"/>			
Hepa B	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
TDAP	<input type="radio"/>				
COVID-19	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>

Others (specify): _____

- t. date of last dental checkup
- u. date of last eye refraction
- v. medicines which I am taking regularly (if applicable)
- w. physical condition or handicap that requires special treatment, diet or other special consideration
- x. known allergies
- y. Information regarding my menstrual period and if I have had any symptom or illness involving my breast(s) if I am a female student.
- z. answers to the mental health screening tool
- aa. information contained in the forms accomplished by my private physician or by the University Health Service pertaining to my current health status including the assessment of my physician or the Health Service regarding my fitness to enroll as well as any recommendation(s) made by such physician or the Health Service
- bb. laboratory, X ray and if applicable ECG results
- cc. all personal data that I provide in response to questions pertaining to my PEHA and PEHA appointment
- dd. signature, and if I am below eighteen years of age, the signature of my parent or guardian as well as the date when my or our respective signatures were affixed for the purpose of complying with the above cited Art. 328 of the Revised University of the Philippines (UP) Code (if I am a new student) and or to enable the University Health Service to be able to provide me with the proper treatment in the event of a medical emergency, including, but not limited to all other related purposes:
 - (a) verifying my identity;
 - (b) preventing fraud;
 - (c) documenting consent for the processing of my personal data for my PEHA and PEHA appointment;
 - (d) contacting me regarding my PEHA including PEHA results;

(e) communicating with the person who I identified as the person to contact in case of an emergency

5. I certify that all the abovementioned personal data and information I provided for my PEHA are true and correct to the best of my knowledge.
6. I further certify that I obtained consent from all third persons i.e. my parents (and if deceased, their heirs) and the person I identified as my emergency contact, whose personal data are provided in support of my PEHA, to allow UP to process such information as explained in this certification and consent form, and agree to hold UP free and harmless from all liabilities in connection with the processing of the personal data of such third persons.
7. I am aware that any information furnished in support of my application for admission or if I am a continuing student my admission to a different CU or campus or my re - admission if I was on leave of absence or was absent without leave will be checked against the original documents, and that withholding information or giving false information will disqualify me from admission, or may be a basis for disciplinary action if I am admitted or readmitted.
8. I understand and agree that while UP obtains my consent for the processing of my personal data for my PEHA in order to be admitted or readmitted, such PEHA processing is ultimately based on UPs right to exercise academic freedom under the 1987 Constitution, the UP Charter R.A. 9500, other applicable laws such as the Education Act of 1982 and Philippine jurisprudence.
9. I understand that the [case of Garcia vs. Faculty Admissions Committee Loyola School of Theology G.R. No. L-40779](#), November 28, 1975 68, SCRA 277 (1975) cited in University of the Philippines vs. Arokiaswamy G.R. No. 134625. August 31, 1999 states that Wide indeed is the sphere of autonomy granted to institutions of higher learning, for the constitutional grant of academic freedom, to quote again from Garcia v. Faculty Admission Committee, Loyola School of Theology, “is not to be construed in a niggardly manner or in a grudging fashion.” Academic freedom is a freedom granted to “institutions of higher learning” which is thus given “a wide sphere of authority certainly extending to the choice of students.”
10. I therefore further understand and agree that UP is authorized to process my personal data for other lawful purposes as provided under the DPA and other applicable laws including processing done by UP for the purpose of exercising its right and responsibility of academic freedom, compliance with legal obligations and issuances of public authorities which may include disclosure of my personal data to such public authorities including the Department of Health, for the purpose of establishing or defending legal claims and defenses, etc. and that therefore UP will continue to securely store my personal data for as long as necessary in order to fulfill such other legitimate purposes as allowed by the DPA and other applicable laws.
11. I understand that UP stores my personal data pursuant to Sec. 11 (f) of the DPA which states Provided, That personal information collected for other purposes may lie processed for

historical, statistical or scientific purposes, and in cases laid down in law may be stored for longer periods: Provided, further, That adequate safeguards are guaranteed by said laws authorizing their processing.

12. I also understand that UP conducts research on stored, previously processed, de-identified data in order to comply with its legal obligations including its right and responsibility to exercise academic freedom under the 1987 Constitution and the UP Charter. UP as a research university must conduct scientific research in order to produce general demographic information and statistics regarding applicants for admission as well as current students across various time periods. Such research enables the University to assess whether its policies, programs, as well as procedures and revisions to the same in different years, enable the University, among others, to comply with the UP Charter and to allow the University to provide advice and technical assistance to public authorities such as Congress, the Commission on Higher Education, the UniFAST Board, Department of Health etc. in accordance with Sec. 7 of the UP Charter. As stated above, before any research is conducted by UP, so that the University will be able to comply with its ethical obligations and uphold my right to privacy, duly authorised UP personnel will remove identifiers from the relevant dataset such that UP's researcher or research teams who will perform operations on such dataset will not be able to identify me or associate any data with me. The research results will only include statistical data and general demographic information that does not identify me and any other data subjects. I understand that Sec. 16.C.2 of Memorandum Circular 2023-4 issued by the National Privacy Commission provides that:

The conduct of research where the end results will be anonymized and will only disclose the general demographic of the research subjects does not require the consent of the data subject.

13. I have also been informed that in the event research to be done will require the use of personal data, UP will comply with all applicable laws, rules and regulations as well as the ethical guidelines issued by the Philippine Health Research Ethics Board pursuant to the Philippine National Health Research System Act and if so required, UP will obtain my informed consent pursuant to such ethical guidelines for the processing of my personal data for such research.
14. I am aware that the processing of personal data for my health examination carries risks that may involve the confidentiality, integrity and availability of personal data or the risk that processing will violate the privacy principles and my rights as a data subject. I understand that UP has put in place reasonable physical (e.g. access control measures such as locks, security personnel etc) organizational (e.g. only authorised personnel who have signed the required non disclosure undertaking and need such personal data to perform their functions are allowed to process such personal data, etc) and technical measures (the use of multifactor authentication for UP mail, encryption, the conduct of vulnerability and penetration testing for UP portals and other similar measures) to prevent or mitigate such risks. I understand that such measures do not guarantee absolute protection against such

risks as when systems are subject to targeted cyberattacks, malware, ransomware, computer viruses, etc. However, UP has also adopted measures in order to deal with security incidents or personal data breaches in compliance with the PDPA and NPC issuances (Part 7 Security Incident or Breach Response Procedures of the [UP System Data Privacy Manual](#) approved by the Board of Regents and the corresponding forms for security incident or data breach management ([Administration Incident or Breach Report Form](#); [Preliminary Assessment Form for Security Incidents or Personal Data Breaches](#); [Mandatory Notification to NPC](#); [Mandatory Personal Data Breach Notification for Data Subjects](#); and [Security Incident or Personal Data Breach Report](#)).

15. I agree that I will help keep my personal data secure by double checking that the email account I will be using for obtaining my PEHA appointment has not been compromised by using [Have I Been Pwned](#), [using a strong password for such account](#), and when possible activating two factor authentication for the same and not using public, unsecured networks for submitting my personal data or at least using VPN if I use such unsecured networks.
16. I also attest that I have been made aware about my rights as a data subject to information, access, the right to object to the processing of my personal data, deletion, to lodge a complaint with the National Privacy Commission for the violation of my data privacy rights and the right to receive damages for such violations pursuant to a valid order of the proper public authority.
17. I also recognize that while I have the right to correct my personal data, it is my duty to keep my personal data as well as that of relevant third parties updated, to follow the instructions contained in the relevant UP site and portal regarding the manner by which I can correct or update my or third party personal data.
18. I understand and agree that if I wish to withdraw consent for the processing of my personal data for my PEHA, that I must write or send an email to the Health Service Unit of UP Cebu(insert Campus) through hsu.upcebu@up.edu.ph.
19. I understand and agree that sending an email to the proper Health Service Unit is the most convenient means for me to withdraw such consent. I will attach a copy of my UP ID (or a valid government issued ID card) to such letter or email, so that UP will be able to verify my identity. I also understand that such withdrawal of consent will mean that UP will not be able to process my admission or readmission pursuant to its right to academic freedom and will not affect any other processing which UP has to perform in order to comply with other legal obligations including the duty to disclose information required by public authorities (e.g. [Republic Act No. 11332](#)) or any such other processing allowed by the PDPA and other applicable laws.
20. I am aware that if I should have any data privacy concerns or questions that I may contact the Data Protection Officer of UP Cebu:
 - Via post: UP Cebu Data Privacy Officer, Gorordo Ave., Lahug, Cebu City 6000;

- Through the following landlines: +63 (32) 232 2642, +63 (32) 232 8185, +63 (32) 232 8187, +63 (32) 233 2855, +63 (32) 233 6042, +63 (32) 233 8203; or
- Through email: at dpo.upcebu@up.edu.ph

Applicant for Admission/Continuing Student

Name: _____

Date Signed: _____