



MEDICAL ASSISTANCE REQUEST FORM

Event: SCUAA

Date and Time of Event: FEBRUARY 19-25, 2022

Venue: TARLAC AGRICULTURAL UNIVERSITY

Total Number of Participant/s: _____

Purpose of Request(kindly specify): _____

Request for:

- Student Medical Certificate
- Medical Assistance
- Ambulance Assistance
- Night Duty Assistance

No. of Nurse Requested: _____
(for Medical Assistance, Ambulance Assistance & Night Duty)

Requested by:

(Printed Name & Signature)

Position: _____

Office/College/Organization: _____

Recommending Approval: _____

Admin Office

VP for Academic Affairs

Approved by:

Rommel M. Hernandez, MD, CFP, MHA
Medical Officer III,
Head, MSO

NOTE:

For STUDENT MEDICAL CERTIFICATE

Attach complete names of participants

Please submit Request Form prior to event at least:

- 1 week = 100 below participants
- 2 weeks = 200 below participants
- 3 weeks = 200 above participants

Requirements: Original Certificate of Registration (COR) & original vaccine cards

Schedule of Issuance of Medical Certificate:

Tuesday to Friday - 9:00am-11:00am & 2:00pm-4:00pm

For Medical Assistance, Ambulance Assistance, and Night Duty Assistance

Requires approval of Admin Office if Weekends, Night Duty, and when exceeding working hours
Student activities needs approval of the VP for Academic Affairs



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