

(SPECIALTY SOCIETY/BOARD)

DECLARATION AND DATA PRIVACY CONSENT FORM

I submit that all the information is accurate and complete. I understand that withholding any relevant medical information, any misrepresentation of facts or misleading information given by me may be used as ground for the filling of cases against me in accordance with the law. I voluntarily and freely consent to the collection and processing of the above personal information only in relation to the IATF Resolution No. 58, series of 2020, pertinent DOH directives and (Specialty Society/Board) health and safety protocols.

Signature above printed name

Date

Please be advised that the above information shall be used in relation to the aforementioned protocols in accordance with the Data Privacy Act and the Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concerns Act.

Verified by : (Specialty Society/Board) Proctor

Signature above printed name