

ACKNOWLEDGEMENT
Re Primer on the PGH Medical Internship Program
(COVID19 Pandemic)

I hereby acknowledge that I read and fully understood the Primer on the Philippine General Hospital (PGH) Medical Internship Program. I pledge to abide by the rules of conduct and discipline stated therein and other subsequent rules, policies, and regulations to be enforced by PGH and University of the Philippines Manila.

I have full knowledge that the Medical Internship Program is being conducted during the COVID19 pandemic and that there is a risk that I may contract SARS-COV-2 during the clinical rotations in the hospital. I read, understood and fully commit to abide by the health and safety protocols of the hospital to protect myself and mitigate the risk of getting the infection. Willful violation of these protocols that endanger my health or the health of other hospital staff shall be grounds for disqualification from privileges/benefits that may be due me.

Furthermore, in addition to the Philhealth case rates, I have been informed that PGH continues to work to make additional benefits available consistent with law and the availability of funds, to assist with expenses I may incur for hospitalizations related to COVID19.

IN WITNESS hereof, I hereby affix my signature this _____ day of _____ 2021
at Manila, Philippines.

Signature of the Medical Intern over Printed Name

Medical School

SUBSCRIBED AND SWORN TO before me, this _____ day of _____ 2023, affiant
showing me his/her _____ with NO. _____ dated _____ issued by _____.

NOTARY PUBLIC