**SEC Internship Program Form 103-A**

**Health Clearance/Medical Certificate[[1]](#footnote-0)**

**TO WHOM IT MAY CONCERN:**

This is to certify that Mr/Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_ years of age and a resident of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ sought consultation from and was examined by the undersigned on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and was found to be physically and mentally fit to apply and participate in the SEC Internship Program.

This is to certify further of Mr/Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COVID-19 vaccination status as of today:

| * Fully Vaccinated | * Partially Vaccinated | * Not Vaccinated[[2]](#footnote-1) |
| --- | --- | --- |
| * Boostered (1st) | * Boostered (2nd) |  |

Other Diagnosis/Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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This medical certificate is issued for application purposes with the SEC Internship Program as required by the Securities and Exchange Commission

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, M.D.

Attending Physician

License No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PTR No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SEC Internship Program Form 103-B**

**Waiver Form**

**WAIVER AND RELEASE OF LIABILITY**

(For applicants without COVID-19 Vaccination)

| Last Name First Name/s Middle Name |
| --- |

| *Name of Higher Education Institution (HEI)* |
| --- |

| *Complete Home Address* | | | | |
| --- | --- | --- | --- | --- |
| *Date of Birth (Date Month Year)* | *Place of Birth* | | *Age* | *Sex* |
| *Personal Mobile Number* | | *Telephone Number* | | |
| *Email Address (Primary Contact)* | | *Email Address (Secondary Contact)* | | |

| *Name of Person in case of emergency* | |
| --- | --- |
| *Address of Emergency Contact* | |
| *Relationship to the student-intern* | *Personal Mobile Number* |

I, the undersigned applicant for the SEC Internship Program, being aware of the health risks posed by the COVID-19 pandemic, and having decided to opt out from taking related vaccines either for health, religious, or purely personal reasons, with knowledge that my internship, if accepted, will involve being in the company of people in a public space on a daily basis, am voluntarily participating in the same.

Having such knowledge and by signing below, I am acknowledging that I have received and reviewed information on the risks associated with COVID-19. I have also received and reviewed information on the availability, effectiveness, and risks of vaccination against COVID-19.

With this waiver, I voluntarily agree to release, discharge, and free from any form of liability, the Securities and Exchange Commission and my HEI, including its officers, employees, and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my decision not to be vaccinated.

I hereby assume all risks connected therewith and consent to participate in the said program even as the SEC and my HEI undertake all requisite measures to ensure my safety against COVID-19 infection.

| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant’s Signature over Printed Name  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/Guardian’s Signature over Printed Name  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- | --- |

1. The applicant may opt to request from their school doctor. [↑](#footnote-ref-0)
2. If the applicant opted out to take any COVID-19 vaccination, kindly accomplish the attached waiver. [↑](#footnote-ref-1)