

## CERTIFICATE OF CONSENT

I, \_\_\_\_\_, a Filipino citizen,  
(Given Name, Middle Name, Last Name, Extension Name if any)  
of legal age, and a resident of \_\_\_\_\_,  
(Complete Address)  
hereby, declare that:

1. I understand that the Civil Service Commission (CSC) is conducting the \_\_\_\_\_ on \_\_\_\_\_.  
(Title of Examination) (Date of Examination)
2. I am participating in said examination as:     Examinee     Examiner
3. I am fully aware of the continuing existence of the Corona Virus Disease (COVID-19) and its potential health threats/risks.
4. I understand that all known precautions and health safety protocols, in accordance with the Omnibus Guidelines of the Inter-Agency Task Force (IATF) for the Management of Emerging Infectious Diseases, to ensure my safety are taken/instituted by the CSC in and for the conduct of the examination.
5. I understand that it is my responsibility to comply with the required precautionary measures such as, but not limited to, submission of a duly and truthfully accomplished Health Declaration Form, wearing of face mask (and face shield as applicable), hand sanitizing as often as possible, physical distancing, and observance of the RT-PCR/Saliva/Antigen Testing and Quarantine Protocol as may be applicable in my case.
6. I understand that, despite taking all known precautions and health safety protocols, exposure to COVID-19 is an ever-present risk for which my absolute safety or protection from potential contracting of the virus in the conduct of the examination is not and cannot be guaranteed.

With my full knowledge and understanding of the above declarations, I hereby wholly give my consent and confirm my participation on my own free will and volition in the conduct of the \_\_\_\_\_ on \_\_\_\_\_.  
(Title of Examination) (Date of Examination)

Accordingly, I set CSC entirely free from any liability or responsibility in the event that I contract COVID-19 during the period of the aforementioned examination.

\_\_\_\_\_  
Signature over printed full name of examinee/examiner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature over printed full name of witness

\_\_\_\_\_  
Date