

UNIVERSITY OF SANTO TOMAS
OFFICE OF THE SECRETARY GENERAL

US15006-00-MEU
AY 2018-2019

TO: THE DEANS, REGENTS, AND DIRECTORS
OFFICE OF THE DISTRICT HEALTH SERVICE
COUNCILS (LINC, A-5)
VICE-RECTOR FOR FINANCE

FROM: THE OFFICE OF THE SECRETARY GENERAL

SUBJECT: CLARIFICATION ON THE MENTAL HEALTH CLEARANCE OF
CONCERNED STUDENTS PROJECT FOR
2019


DATE: 29 JANUARY 2019

As stated in the US15006-00-MEU on the direction of the Health Service, the concerned students who are to get their clearance prior to enroll this School Term need to have their mental health clearance as a condition that they fulfill as a requirement and report their required mental health clearance to the Health Service 2019.

As a proactive measure, please require the concerned students and their respective parent/guardian to accomplish the attached Declaration/Agreement Form.

For a coordinated effort in assisting the students, please be guided by the attached Memorandum to the Program Chairs requested to disseminate the information to the concerned students.

Thank you.


FR. JESUS M. MIRANDA, JR., O.P.
Secretary General

PROCEDURE FOR ENROLLMENT HEALTH CONCERNS

1. Student reports to the Psychiatrist/mental health professional.
2. Student proceeds with Service in the schedule and preliminary screening of the clearance from Private Psychiatrist.
3. Student reports to the Psychiatrist/mental health professional from USF Health Service.
4. Office of the Dean gives the student a Declaration/Agreement Form (Download) to the student.
5. Student and his/her parent/guardian sign the Declaration/Agreement Form.
6. Upon submission of the signed Declaration/Agreement Form, the Dean untags the student for enrollment.
7. Student presents the signed Declaration/Agreement Form to the Secretary General for endorsement to Accounting Office for enrollment.
8. Student proceeds to the Accounting Office for enrollment and pay of fees.
9. Student reports to the Psychiatrist/mental health professional for assessment and possible enrollment health concerns.
10. Student proceeds immediately to the Office of the Dean to take recommendation of the Dean.
 - a. If all clear, student proceeds to the Office of the Dean for dropping of courses.
 - b. If partial leave, student proceeds to the Office of the Dean for dropping of courses.
 - c. If leave of absence, student proceeds to the Office of the Dean for cancellation of enrollment.
11. Office of the Dean makes follow-up of the final list of students with mental health concerns for enrollment.

UNIVERSITY OF SAINT THOMAS
HEALTH CARE CENTER

DECLARATION/AGREEMENT

I, _____, assisted by my parent/guardian, do hereby declare and agree that:

1. I understand that the University of Saint Thomas is committed to the mental health of its students in order to assure that the pressures of school work or other activities will be deleterious to the success of the student.

2. I understand that the University of Saint Thomas Health Service and that the comprehensive procedure will not be completed at the start of the classes.

3. I understand that I was authorized to _____, pending the completion of my _____ the UST Health Service physician;

4. I was advised that _____;

5. I agree to _____ whether I _____

6. I agree to hold the University of Saint Thomas and its trustees, officers and employees harmless from any liability arising from this declaration/agreement.

Signature over Printed Name of Student _____

Signature of _____

cc: Office of the Dean

UST 5742-007-0000