

	<h1>Bureau of Corrections</h1>	Document Reference Code NBP-PR-012-F112	
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<h2>CONSENT</h2>		Page 1 of 1	

To whom it may concern:

Be it known that I, _____, with Prison No. _____ aged _____, freely give my consent without intimidation of influence by any person and voluntarily submit myself to undergo rehabilitation at New Bilibid Prison Therapeutic Community Center with the understanding that I will be subjected to the different tests such as NP tests, chest x-rays, blood examination, drug tests anytime deemed necessary as part of the treatment program and that the people performing the tests will not be liable for any charges.

Signed this ____ day of _____, year 20__.

(Signature of PDL giving consent)

Signed in the presence of:

1. _____

2. _____