



UNIVERSITY OF SANTO TOMAS
OFFICE OF THE SECRETARY-GENERAL

UST:S006-00-ME10
AY 2018-2019

TO: THE DEANS, REGENTS, AND DIRECTORS OF INSTITUTES
OFFICE OF THE REGISTRAR, HEALTH SERVICE,
COUNSELLING AND CAREER CENTER,
VICE RECTOR FOR FINANCE

FROM: THE OFFICE OF THE SECRETARY-GENERAL

SUBJECT: CLARIFICATION ON THE MENTAL HEALTH CLEARANCE OF
CONCERNED STUDENTS PRIOR TO ENROLLMENT

DATE: 29 JANUARY 2019

As stated in the UST:S042-00-ME03, AY 2018-2019 from the Director of the Health Service, the concerned students who are due to get mental health clearance prior to the start of the Second Term, AY 2018-2019 are “allowed to enroll this *Second Term*, pending their mental health clearance, on the condition that they fulfill said requirement and *report* to the Health Service for their required mental health clearance this January up until end of February 2019.”

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

For a coordinated effort in assisting these students, please be guided by the attached procedure. For a smooth flow of enrolment, the Program Chairs are requested to discuss the said procedure to the concerned students.

Thank you.


FR. JESÚS M. MIRANDA, JR., O.P.
Secretary-General

PROCEDURE FOR ENROLLMENT OF STUDENTS WITH MENTAL HEALTH CONCERNS:

1. Student secures recent mental health clearance from his/her Private Psychiatrist (a month prior to enrollment).
2. Student proceeds to UST Health Service for schedule and preliminary screening of the clearance from Private Psychiatrist.
3. Student reports to the Office of the Dean and shows schedule slip from UST Health Service.
4. Office of the Deans gives the Declaration/ Agreement Form (2 copies) to the student.
5. Student and his/her parent/guardian sign the Declaration/ Agreement Form.
6. Upon submission of the signed Declaration/ Agreement Form, Office of 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 assessment and payment of fees.
9. Student reports back to the Health Service on the specified date of assessment and issuance of mental health clearance.
10. Student proceeds immediately to the Office of the Dean to show the recommendation of the Health Service.
 - a. If full load, student continues the term;
 - b. If partial load, student proceeds to the Office of the Dean for dropping of courses; or
 - c. If leave of absence, student proceeds to the Office of the Dean for cancellation of enrollment
11. Office of the Dean makes a follow-up of the final list of students with mental health concerns from the UST Health Service.

**UNIVERSITY OF SANTO TOMAS
HEALTH SERVICE**

DECLARATION/AGREEMENT

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

1. I understand that the University of Santo Tomas (UST) is tasked to assess the mental health of its students in order to ascertain whether they can handle the normal pressures of school work or whether their presence in the campus will be deleterious to the safety of the other students of the University.

2. I understand that there is a large number of students being assessed by the Health Service and that the comprehensive procedure will not be completed before the start of the classes.

3. I understand that I will be conditionally allowed to enroll for _____ term, A.Y. _____, pending the completion of my mental health assessment by the UST Health Service Psychiatrist;

4. I was advised that my schedule for assessment at the Health Service is set on _____;

5. I agree to abide by the recommendation of the Health Service Psychiatrist as to whether I can take a) full load, b) partial load or c) leave of absence.

6. I agree to hold UST, its trustees, officers and employees free and harmless from any liability arising from this declaration/agreement.

Signature over Printed Name of Student

Signature over Printed Name of Parent

cc: Office of the Dean

UST:SO42-00-FO63