

Date: _____

Dear Parents/Students,

Please be advised that Mapúa University will be implementing the Random Drug Testing for Students in compliance with Republic Act No. 9165, otherwise known as the "Comprehensive Dangerous Drugs Act of 2002", the General Guidelines for the Conduct of Random Drug Testing for Secondary, Tertiary Students, and pursuant to CHED CMO No. 25, Series of 2009 incorporating the General Guidelines for Secondary, Tertiary Students and the Mapúa Policy on Random Drug Testing (RDT)

It is the policy of Mapúa to safeguard its students against the ill effects of dangerous drugs and to maintain a drug-free environment. To obtain such objectives, Mapúa shall conduct the required random drug testing for tertiary students primarily for prevention and rehabilitation in compliance with to the Section 36 of Republic Act No. 9165.

The Random Drug Testing pursuant to the Mapúa Policy on Random Drug Testing shall be conducted as follows:

1. All undergraduate students are required to undergo mandatory drug testing as mandated by law.
2. Only in cases where the student is a minor at the time of enrolment will a written authorization be required to be obtained prior to conduct of random drug testing from parents or legal guardian.
3. The authorization form for parents or guardian of minor students [FM-RO-69-03] shall be signed at the time of enrolment of the student, and is required to be submitted to the Registrar's Office as part of the enrolment procedure.
4. The selection of students who will undergo drug testing will be made randomly.
5. The random selection and drug testing shall be made on the same day.
6. The Head of the Health Services Department is designated as the Random Drug Test Coordinator (RDT Coordinator). The RDT Coordinator is the point person in Mapua University handling random drug testing.
7. The drug test shall be administered by a laboratory accredited by the Department of Health (DOH), Philippine Drug Enforcement Agency (PDEA) or Dangerous Drug Board (DDB) in coordination with the RDT Coordinator.
8. The RDT Coordinator shall ensure the confidentiality and integrity of the random testing of students.

9. In all cases, the result of the tests shall be strictly confidential.
10. In case of a positive test result, a confirmatory test will be conducted after the student and the parents or guardians are informed personally of the results. A meeting shall be scheduled, attended by the parents or guardian, student, RDT Coordinator, and if necessary, a drug counselor coming from the Office of the Guidance and Counselling. The RDT Coordinator shall ensure that the results and other pertinent information are treated with utmost secrecy and confidentiality.
11. In case of a negative test result, Mapúa is not obliged to inform the students and/or their parents or guardian.
12. Positive confirmatory drug test results arising from random drug testing conducted by the school shall not be ground for expulsion or disciplinary action and shall not be reflected in any and all academic records, and may not be used to incriminate any student for further legal action. Such results may not be used as evidence in any court or tribunal where the student stands to be accused of any crime or felony. Instead, the necessary intervention with recommended treatment options shall be discussed with the parents or guardian and the students by the RDT Coordinator.
13. The student with positive confirmatory drug test results shall be referred by the RDT Coordinator to a DOH-accredited government physician or facility or DOH-accredited private professional psychiatrist to determine the level of drug dependency, and recommend possible treatment and intervention.
14. In cases where the student is below 18 years old, and is confirmed to be a drug dependent, the parents or guardian shall be informed of the requirement under the law for him to be referred to the Department of Social Welfare and Development (DSWD) or local social worker for counseling and intervention.
15. In case the student (i) fails to complete the recommended treatment, (ii) refuses to comply with the treatment within the period given, as monitored by the Random Drug Test Coordinator, or (iii) does not show improvement or fails a drug test the second time despite being referred to a DOH-accredited facility or physician for intervention and treatment, he shall be dealt with accordingly under the provisions of the Student Discipline Handbook, without prejudice to the application of Section 61 of R.A. No. 9165.
16. In cases where the student refuses to undergo random drug testing, he shall be subject to appropriate disciplinary proceedings by the Office of the Prefect of Discipline (OPD), and shall be given the appropriate sanction pursuant to the Student Discipline Handbook.

Attached to this letter is the authorization form. Kindly fill it out and submit to the Registrar's Office during enrolment.

Very truly yours,


Dodjie S. Maestrecampo, Ph.D.
President and Chief Executive Officer



**MANDATORY RANDOM DRUG TESTING
ACKNOWLEDGEMENT FORM
(MINORS)**

Document No. : FM-RO-69-03

Effective Date: March 22, 2019

I, _____, of legal age, am the parent/legal guardian
of _____, and with address at
_____, hereby state:

1. Pursuant to the Mapúa's policy against the use and distribution of prohibited drugs as embodied in the attached Policy on Random Drug Testing, and in compliance with the provisions of R.A. No. 9165 or the Comprehensive Dangerous Drugs Act of 2002 and its implementing guidelines and the relevant CHED Memorandum Order (CMO No. 18. Series of 2018) or the Implementing Guidelines for Drug Testing of Students of Higher Education Institutions, I hereby declare that I have read and understood the terms and conditions of the random drug testing pursuant to the attached Policy on Random Drug Testing of Mapúa.
2. I understand that pursuant to such policy, my child/ward shall be subject to the mandatory drug testing in accordance with the procedure outlined in said policy and that the University has the necessary safeguards to protect the rights of my child/ward pursuant to R.A. No. 9165 and CMO No. 18 Series of 2018.
3. I hereby render MAPÚA free and harmless from any and all liability arising from the mandatory drug testing of my child / ward _____ pursuant to said policy.

Name and Signature of Parent /Guardian /Date
Cellular Number/ E-mail Address:

Name and Signature of Student/Date
Student Number: _____
Program: _____
Nationality: _____
Cellular Number/ E-mail Address: _____

** Results whether positive or negative will be treated with utmost confidentiality. Positive results in the random drug testing **does not** automatically result in disciplinary action pursuant to attached letter/policy of Mapúa. All personal information provided herein shall be processed for legitimate purpose specifically for the Mandatory Random Drug Testing and shall be processed only by authorized personnel in accordance with the Data Privacy Policies of Mapúa.*