

# Health and Travel History Declaration Form

Temperature: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Residence: \_\_\_\_\_

Nature of Visit: \_\_\_\_\_ Official: •

*Please check one* Personal: • **If official, fill-in company details below**

Company Name: \_\_\_\_\_

Company \_\_\_\_\_

Address: \_\_\_\_\_

	Yes	No
1. Are you experiencing: ( <i>nakakaranas ka ba ng:</i> )		
a. Sore throat ( <i>pananakit ng lalamunan / masakit lumunok</i> )	•	•
b. Body pains ( <i>pananakit ng katawan</i> )	•	•
c. Headache ( <i>pananakit ng ulo</i> )	•	•
d. Fever for the past few days ( <i>Lagnat sa nakalipas na mga araw</i> )	•	•
2. Have you worked together or stayed in the same close environment of a confirmed COVID-19 case? ( <i>May nakasama ka ba o nakatrabahong tao na kumpirmadong may COVID-19 / may impeksyon ng coronavirus?</i> )	•	•
3. Have you had any contact with anyone with fever, cough, colds, and sore throat in the past 2 weeks? ( <i>Mayroon ka bang nakasama na may lagnat, ubo, sipon o sakit ng lalamunan sa nakalipas ng dalawang (2) lingo?</i> )	•	•
4. Have you travelled outside of the Philippines in the last 14 days? ( <i>Ikaw ba ay nagbyahe sa labas ng Pilipinas sa nakalipas na 14 na araw?</i> )	•	•
5. Have you travelled to any area in NCR aside from your home? ( <i>Ikaw ba ay nagpunta sa iba pang parte ng NCR o Metro Manila bukod sa iyong bahay?</i> ) Specify( <i>Sabihin kung saan</i> ): _____	•	•

I hereby authorize \_\_\_\_\_ to collect and process the data indicated herein for the purpose of effecting control of the COVID-19 infection. I understand that my personal information is protected by RA 10173, Data Privacy Act of 2012, and that I am required by RA 11469, Bayanihan to Heal as One Act, to provide truthful information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_