



300524-DIBULUAN NATIONAL HIGH SCHOOL

Dibulan ,Jones, Isabela 3313

HEALTH DECLARATION FORM			
Name of Employee:			
Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Contact Number:	Department:
Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Widow/er	<input type="checkbox"/> Married <input type="checkbox"/> Separated	Complete Address:	
Temperature Reading:		Recorded by:	
<p>1. In the past 14 days, which of the following symptom(s) have you experienced, please check (✓) the relevant box(es):</p> <div><input type="checkbox"/>Fever <input type="checkbox"/>Sore throat <input type="checkbox"/>Diarrhea <input type="checkbox"/>Body Aches <input type="checkbox"/>Headache <input type="checkbox"/>NONE OF THE ABOVE</div> <div><input type="checkbox"/>Tiredness <input type="checkbox"/>Shortness of Breath <input type="checkbox"/>Dry Cough <input type="checkbox"/>Runny Nose <input type="checkbox"/>Others: _____</div>			
<p>2. Have you been in contact with a confirmed COVID-19 patient in the past 14 days? please put a (✓) your answer.</p> <div><input type="checkbox"/>NO <input type="checkbox"/>YES If yes, to whom? _____ Relation: _____ Date of exposure: _____</div>			
<p>3. Recent travel history (outside Isabela Province): WHERE: _____ WHEN: _____</p> <p>NOT APPLICABLE: _____</p>			
<p>DECLARATION AND DATA PRIVACY CONSENT FORM:</p> <p><i>The information I have given is true, correct and complete. I understand that failure to answer any question or giving false answer can be penalized in accordance with the law.</i></p> <p><i>I voluntarily and freely consent to the collection and sharing of the above personal information only in relation to the DepEd SDO-Isabela COVID-19 Internal Protocols.</i></p> <div><div>_____ Signature</div><div>_____ Date/Time</div></div> <p><i>Please be advised that the above information shall only be used in relation to DepEd COVID-19 Internal Protocols in accordance with the Data Privacy Act.</i></p>			



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