

## HEALTH DECLARATION FORM

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

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

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

Office: \_\_\_\_\_

Temperature(scanned at the gate) \_\_\_\_\_ Time \_\_\_\_\_

### Health Checklist

1.Are you experiencing:	Particulars	YES	NO
	a. Sore throat		
	b. Body pains		
	c.Headache		
	d. Fever for the		
	past few days		
2. Have you worked together or stayed in the same environment of a Covid 19 case?			
3. Have you had any contact with anyone with sorethroat,fever, cough and colds in the past 2 weeks			
4. Have you travelled outside of the Philippines in the past 14 days			
5. Have you travelled in any area in NCR aside from your home?			

I hereby authorize DepEd Personnel to collect and process the data indicated herein for the purpose of effecting control of 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 11459, Bayanihan to Heal as One Act, to provide truthful information.

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