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Date



## HEALTH DECLARATION FORM

I hereby certify, that;

Within the fourteen (14) days immediately preceding the Date of this Health Declaration Form, I HAVE NOT:

- a. Tested positive or presumptively positive with the Coronavirus or been identified as a potential carrier of the COVID-19 virus or similar communicable illness;
- b. Experienced any symptoms commonly associated with the Coronavirus;
- c. Travelled outside of the Philippines;
- d. Been in direct contact with or the immediate vicinity of any person I knew and/or know to be carrying the Coronavirus.

Name: \_\_\_\_\_ Temp: \_\_\_\_\_°C

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

Contact No: \_\_\_\_\_ Email: \_\_\_\_\_

### Declaration and Data Privacy Consent Form:

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 law. I voluntarily and freely consent to the collection and sharing the above personal information in relation to COVID-19 internal protocols of affecting control of the COVID-19 infection as required by RA. 11469, Bayanihan to Heal as One Act.

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