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**HEALTH CHECKLIST** Temperature:

Name: Sex: Age:

Residence:

Nature of Visit: Official: If official, fill-in company details below

*Please check one* Personal:

Company Name:

Company Address:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | YES | NO |
| 1. Are you experiencing:   *(nakakaranas ka ba ng: )* | a. fever  *(lagnat)* |  |  |
| b. Cough  *(ubo)* |  |  |
| c. colds  *(sipon)* |  |  |
| d. sore throat  (pananakit ng lalamunan/masakit lumunok) |  |  |
| 2. Have you worked together or stayed in the same close environment of a confirmed COVID-19 case? *(May nakasama ka ba o nakatrabahong tao na kumpirmadong may COVID-19/ may impeksyon ng coronavirus?)* | |  |  |
| 3. Have you had any contact with anyone with fever, cough, colds, and sore throat in the past two (2) weeks? *(Mayroon ka bang nakasama na may lagnat, ubo, sipon o sakit ng lalamunan sa nakalipas ng 2 linggo?* | |  |  |
| 4. Have you travelled outside of the Philippines in the last fourteen (14) days? *(Ikaw ba ay nagbyahe sa labas ng Pilipinas sa nakalipas na 14 na araw?)* | |  |  |
| 5. Have you travelled to any area in NCR aside from your home? (Ikaw ba ay nagpunta sa iba pang parte ng NCR o Metro Manila bukod sa iyong bahay?) Specify (Sabihin kung saan): | |  |  |

I hereby authorize Professional Regulation Commission, 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: