**ANNEX “A”**

PROFESSIONAL REGULATION COMMISSION

**HEALTH DECLARATION FORM**

(For Personnel)

**1. Name (***Pangalan***) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Nationality (***Nasyonalidad***) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Sex (*Kasarian*) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. Age (***Edad***) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. Contact Numbers (***Numerong Matatawagan***) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**a. Landline \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**b. Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6. Office/Division/Unit (***Opisinang Kinabibilangan***)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**7. Home Address (***Tirahan***) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**8. Foreign countries you have visited, transited or travelled in the last 21 days (***Bansang pinuntahan sa nakalipas na 21 araw.* **) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**9.Provinces Cities in the Philippine you have visited/ transited in the last 21 days (***Probinsya at siyudad na pinuntahan sa nakalipas na 21 araw.***) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**10. Have you been sick of any of the following in the past 14 days? (***Nakaramdam ka ba ng mga sumusunod sa nakalipas na 14 araw.)*

**(YES) (NO)**

* **Fever (***Lagnat***)** **[ ] [ ]**
* **Colds (***Sipon)* **[ ] [ ]**
* **Cough (***Ubo)* **[ ] [ ]**
* **Sore Throat (***Pangangati ng lalamunan***) [ ] [ ]**
* **Difficulty in Breathing (***Hirap sa Paghinga)* **[ ] [ ]**
* **New Loss of Taste or Smell [ ] [ ]**

**11. Have you been in close proximity, within the past 14 days, to anyone experiencing any of the above symptoms or has experienced any of the above symptoms since your contact with that person? (***Meron bang pagkakataon na nakalapit ka, sa nakalipas na 14 araw, sa sinumang nagtataglay ng mga nabanggit sa taas na simtomas o kaya ay naramdaman mo ang mga ito mula noong araw na lumapit ka sa nasabing tao***?)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**12. Have you been exposed to anyone who tested positive for COVID-19 in a Rapid Antibody Test or Reverse Transcription-Polmerase Chain Reaction Test within the past 14 days? Explain the circumstance of exposure. (***Naexposed ka ba sa sinuman na nag-positive ng COVID-19 sa nakalipas na 14 araw*? Pakisalaysay.**)**

**I hereby certify that the information given are true, correct and complete, I understand that failure to answer any false/wrong information given may be ground for filing a criminal case against me under Articles 171 and 172 of the Revised Penal Code of the Philippines (***Ako ay nagpapatunay na ang impormasyong ibinigay ko ay tiyak tama at kompleto. Naiintindihan ko na ang hindi pagsagot o pagbibigay ng maling impormasyon ay maaaring maging basehan sa pag sampa ng kaso laban sa akin ayon sa articles 171 and 172 of the Revised Penal Code of the Philippines*.**)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and Signature of Personnel**

**(***Pangalan at Perma***)**

***(This form should be accomplished every first day of the week or on the first day of onsite duty)***