

Republic of the Philippines

Department of Education

**DIVISION OF MALAYBALAY CITY**

*Name of School*

 **HEALTH DECLARATION FORM**

Dear Valued Teaching and Non-Teaching Personnel,

To prevent the spread of COVID 19 in our community and reduce the risk of exposure, we would like to request your cooperation by kindly accomplishing the health survey form below. Your participation is important to help in instituting precautionary measures in the workplace. Any information that you have provided will be handled according to the Privacy Act and will only be used if contact tracing is necessary. Thank you for your time.

|  |  |
| --- | --- |
| **NAME:** | **ADDRESS:** |
| **MOBILE NO.: AGE:** **GENDER:** | **TEMPERATURE:****BP:** **PR:** **RR:** |

**Self-Declaration**

1. [ ] No Symptoms [ ] With Symptoms

**Please put a check mark if you have any of the symptoms below:**

[ ] Fever [ ] Dry cough [ ] Body weakness [ ] Headache [ ] LBM [ ] Runny nose [ ] Tiredness [ ] Sore Throat [ ] Shortness of Breath [ ] Severe Diarrhea [ ] Loss of Smell/Taste

2**. Have you been in contact with any COVID-19 confirmed positive patient?**

[ ] Yes [ ] No

**3. Travel history:**

Date of Departure: \_\_\_\_\_\_\_\_\_\_\_ Arrival Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Places visited within the past (2) weeks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Noted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

School Head

**Verifier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Clinic Teacher/SBFP Coordinator