

HEALTH AND TRAVEL DECLARATION FORM

Unit/Lot Owner
 Tenant

Guest/Visitor
 Resident

Authorized representative
 Employee

Last Name	First Name	Middle Name
Bldg. & Unit No. / Village, Phase, Block & Lot No.	Nationality	Contact Number
Foreign countries you have worked in, lived, visited, or transitted from in the last 30 days		
Cities/provinces in the Philippines you have worked in, lived, visited, or transitted from in the last 30 days		
Have you been sick in the last 30 days?	<input type="checkbox"/> YES Describe condition: _____ <input type="checkbox"/> NO	
Did you have any of the following in the last 14 days: fever, cough, colds, sore throat, difficulty in breathing?	<input type="checkbox"/> YES Describe condition: _____ <input type="checkbox"/> NO	
Did you have contact with any of the following in the last 30 days: Confirmed, Suspect or Probable case of COVID19?	<input type="checkbox"/> YES Describe condition: _____ <input type="checkbox"/> NO	
How did you get to the property?	<input type="checkbox"/> Private Vehicle <input type="checkbox"/> Company Service <input type="checkbox"/> Commute/Public Transportation Describe: _____	
Temperature upon entry		

I understand that I should provide correct and true information to the best of my knowledge. I am fully aware that I can be held criminally liable for any misdeclaration or intentional non-declaration made herein, pursuant to Republic Act No. 11332 or the "Mandatory Reporting of Notifiable Diseases and Health Events of Public Concern Act" and other applicable laws and regulations.

Signature over printed name

Date

All information collected from this form are for the purpose of recording the travel and medical history of the concerned person in relation to COVID19 protocols. The information will be stored in accordance with the provisions of the Data Privacy Act of 2012.