

**CITY GOVERNMENT OF BAGO**

Bago City, Negros Occidental

**Health Declaration Form**

**PRIVACY NOTE:** We will not, in any circumstance, share your personal information without your permission except when necessary for other government authorities and authorized persons to provide effective response during the COVID-19 pandemic.

Date and Time of Transaction: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Contact No.: \_\_\_\_\_

Occupation/Profession: \_\_\_\_\_

Existing illness or comorbidities: \_\_\_\_\_

Current Temp. (taken by the security guard): \_\_\_\_\_

Have you experienced any of the following in the last 14 days?	YES	NO
Fever ( <i>Above 37.8 degrees Celsius</i> )		
Cough		
Sore Throat		
Shortness of breath		
Other respiratory problems ( <i>If yes, please specify</i> ): _____		
Diarrhea		
<b>Have you travelled outside the Province of Neg. Occ./Phils. in the last 14 days?</b> ( <i>If yes, please specify the location</i> ) _____		
<b>Have you been in contact with anyone who has travelled outside the Province of Neg. Occ./Phils. in the last 14 days?</b> ( <i>If yes, please specify – ex. family, relatives, friends</i> ) _____		
<b>Have you been tested for COVID-19?</b> ( <i>If yes, please provide details – positive / negative</i> ) _____		
<b>Have you been in contact with anyone showing COVID-19 symptoms or tested positive for COVID-19 in the last 14 days?</b>		

**DECLARATION:** I hereby certify that the above information are true, correct and complete at the time of signing. I understand that my failure to answer or any misleading information given by me may be used as ground for the filling of cases against me under Article 171 and 172 of the Revised Penal Code of the Philippines or Republic Act No. 11332 also known as “An Act of Providing Policies and Prescribing Procedures on Surveillance and Response to Notifiable Diseases, Pandemics and Health Events of Public Health Concern.”

Conforme: \_\_\_\_\_  
(Signature)

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