

COVID-19 DECLARATION FORM

REPUBLIC ACT NO. 11332. Mandatory Reporting of Notifiable and Health Events of Public Health Concern Act. It requires the patient to provide truthful information about one's health condition and possible exposure. Violation of this act shall be PENALIZED with a fine not less than Php 20,000.00 but not more than Php 50,000.00 or imprisonment or not less than one (1) month but not more than six (6) months, or both such fine and imprisonment, at the discretion of the proper court.

PART 1. SIGNS AND SYMPTOMS (Check the box if applicable)

<input type="checkbox"/>	Coughing	<input type="checkbox"/>	Loss of Appetite
<input type="checkbox"/>	Cold	<input type="checkbox"/>	Nausea & or Vomiting
<input type="checkbox"/>	Fever	<input type="checkbox"/>	Body Weakness / Muscle pain
<input type="checkbox"/>	Difficulty of Breathing	<input type="checkbox"/>	Difficulty of Breathing
<input type="checkbox"/>	Sore throat	<input type="checkbox"/>	Sore throat
<input type="checkbox"/>	Diarrhea	<input type="checkbox"/>	Diarrhea

PART II. TRAVEL AND EXPOSURE HISTORY (Check the box if applicable)

<input type="checkbox"/>	Exposure to cluster of individuals with flu-like illness in household or workplace
<input type="checkbox"/>	Exposure to confirm case of COVID-19
<input type="checkbox"/>	Exposure to suspect case for COVID-19

In accordance with RA11332, I certify that the above declaration is TRUE and CORRECT. I Understand that any dishonest answer(s) may have serious public health implications and may be subjected to penalties.

Employee's Printed Name and Signature

Office

Contact No (s)

Date

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