

Republic of the Philippines

Department of Environment and Natural Resources

Visayas Avenue, Diliman, Quezon City, 1100 Tel. Nos. (632) 929-66-26 to 29 · (632) 929-62-52 929-66-20 · 929-66-33 to 35 · 929-70-41 to 43

Website: http://www.denr.gov.ph / E-mail: web@denrgov.ph

MEMORANDUM

MAR 2 3 2021

FOR/TO

All Undersecretaries
All Assistant Secretaries
All Service Directors
All Heads of Office
All Division Chiefs
DENR Central Office

FROM

The Director

Human Resource Development Service

SUBJECT

DENR HEALTH PROFILING FOR COVID-19 VACCINATION

In preparation for the COVID-19 vaccination of the government employees, the Department, through the Human Resource Development Service's Health and Wellness Program, is conducting a Health Profiling for COVID-19 Vaccination of all DENR Central Office employees (regardless of the status of employment) starting 22-25 March 2021. The results of this activity shall be used as basis/reference for the said vaccination, and in the request/procurement of vaccines.

In view of the Philippine National Deployment and Vaccination Plan for COVID-19 Vaccines, and COVID 19 Vaccination Priority Framework being implemented, guidelines on the procurement of COVID-19 vaccines of the national government agencies have yet to be issued by the Department of Health/Department of Budget and Management.

Any information to be provided shall be used solely by the Health and Wellness Program for the said purpose and will be treated with utmost confidentiality. Furthermore, all information shall be collected in accordance with R.A. 10173 (Data Privacy Act of 2021).

In this regard, we would like to request your office to facilitate the filling-out of the attached DENR Health Profiling for COVID-19 Vaccination, and submit to HRDS, through Training and Development Division (TDD) - Health and Wellness Unit's email address denr.healthandwellness@gmail.com, on or before 25 March 2021.

For any questions or inquiries, you may contact Ms. Marilou S. Mendoza at 0915-9674751, Dr. Shirley C. Latoja at 0961-0647483 or Dr. Ethelvee D. Mataga at 0905-5009745, of the TDD.

For your information and consideration.

RIC G. ENRIQUEZ, PLD. CESO III

DENR HEALTH PROFILING FOR COVID-19 VACCINE

I hereby authorized DENR to collect and process the data indicated herein for the purpose of HEALTH PROFILING FOR COVID-19. I understand that my personal information is protected by RA 10173, Data Privacy Act of 2012, and that I am required by RA 11469, Bayanihan to Heal as One Act, to provide truthful information.

Email address:	
PERSONAL INFORMATION	
Full Name (First Name MI. Last Name):	
Birthdate:	
Age: Sex: M F Civil Status: S M W	SEP SEP
Current Residence:	-
Mobile Number :	عائلا المناسب
JOB INFORMATION	
Position/Designation:	STORES OF THE STORES
Position/Designation: Office (unit, section, division, office/ service):	
Status of Appointment: Permanent Casual Coterminous Contr	act of Service
Office Number:	
MEDICAL HISTORY	
Nagkaroon/Mayroon ka bang mga sumusunod na karamdaman?	
High Blood Pressure (altapresyon) Heart Disease (sakit sa puso) Stroke (Cerebrovascular Accident) Kidney Disease (sakit sa bato) Liver Disease (sakit sa atay) Diabetes Asthma Tuberculosis (TB) Pneumonia (pulmonya) HIV/AIDS Cancer Organ Transplant Others ALLERGIES (Tukuyin kung meron kayong allergy sa mga sumusunod)	
ALLERGIES (Tukuyin kung meron kayong allergy sa mga sumusunod) Medications (gamot) Food o pagkain Insect o insekto Pets o alagang hayop Latex Allergy (gloves, condom, balloon, latex paint) Pollen Allergy	

Are you pregnant? (Ikaw po ba ay buntis?) For Female Employees Of Oo Hindi	NLY.
Kasalukuyang mga gamot o maintenance drugs na iniinom?	
COVID-19 HISTORY	
Nagpositibo ka na ba sa COVID-19? (RT-PCR Test)	
□ Oo □ Hindi	
kung Oo, petsa ng unang positibong resulta:	
Willing ka bang magpakuna ng COVID-19 Vaccine? *	
□ Oo □ Hindi	
By submitting this form, I am giving my consent to the collection, procedisclosure of my personal information for the purposes of this COVID-Profiling in accordance with R.A. 10173 (Data Privacy Act of 2012).	essing, and 19 Health
Signature:	
Date.	