

HEALTH DECLARATION FORM

PERSONAL INFORMATION

LAST NAME

FIRST NAME

MIDDLE NAME

NATIONALITY

 FILIPINO OTHERS: _____

AGE: _____

SEX: FEMALE MALE

OCCUPATION: _____

CONTACT DETAILS

LANDLINE: _____ MOBILE NUMBER: _____

RESIDENTIAL ADDRESS:

*Street Address**Barangay**City/Municipality**Province*

DESTINATION DETAILS

DATE OF VISIT: _____

PURPOSE OF VISIT: _____

PLACE OF DESTINATION: _____

*Barangay**City/Municipality**Province*

VEHICLE DETAILS

TYPE OF VEHICLE: BUS TRUCK PRIVATE VEHICLE OTHERS: _____

PLATE NUMBER: _____ SEAT NUMBER: _____

TRAVEL HISTORY

ANY FOREIGN COUNTRIES OR REGIONS YOU HAVE VISITED IN THE LAST 14 DAYS?

 NONE YES: _____

MEDICAL HISTORY

HAVE YOU BEEN SICK OF ANY OF THE FOLLOWING IN THE LAST 14 DAYS?

SIGNS AND SYMPTOMS	YES	NO	REMARKS
1. FEVER			
2. COUGH			
3. SORE THROAT			
4. DIFFICULTY OF BREATHING			
5. DIARRHEA			

Declaration: I hereby certify that the above information is true and complete. I understand that my failure to answer, or any false or misleading information given by me may be used as a ground for the filing of cases against me under Articles 171 and 172 of the Revised Penal Code of the Philippines, or Republic Act No. 11332, otherwise known as the "Law on Reporting of Communicable Disease".

SIGNATURE OVER PRINTED NAME_____
DATE

TO BE FILLED UP BY PROPER AUTHORITIES:

DATE: _____ TIME: _____ ENTRY POINT: _____ VERIFIED BY: _____

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