



ISO 9001:2015

# DOST-PCAARRD

Department of Science and Technology

PHILIPPINE COUNCIL FOR AGRICULTURE, AQUATIC AND NATURAL RESOURCES  
RESEARCH AND DEVELOPMENT

## HEALTH DECLARATION FORM

Date: \_\_\_\_\_

Temperature: \_\_\_\_\_

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

Sex: ☐ Male ☐ Female

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

Residence & Contact No.: \_\_\_\_\_

Nature of Visit: ☐ Official  
(Please check one) ☐ Personal

Nature of Official Business: ☐ Employee  
(Please check one) ☐ Client

Name of Person/Division/Office to be Visited: \_\_\_\_\_

If official, fill in company details below:

Company Name: \_\_\_\_\_

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

	YES	NO
1. Are you experiencing any of the following? (Nakararanas ka ba ng alinman sa sumusunod?)		
➤ Fever for the past few days (Lagnat sa mga nakalipas na araw)		
➤ Dry cough (Tuyong ubo)		
➤ Fatigue (Pagkapagod)		
➤ Aches and Pains (Pananakit ng katawan)		
➤ Runny/ Blocked Nose (Sipon)		
➤ Shortness of breath (Hirap sa paghinga)		
➤ Diarrhea (Pagtatae)		
➤ Sore throat (Namamagang lalamunan)		
➤ Headache (Pananakit ng ulo)		
➤ Loss of taste or smell (Kawalan ng panlasa o pangamoy)		
2. Have you worked or stayed in the same close environment of a confirmed case of COVID-19? (May nakasama ka ba o nakatrabahong tao na kumpirmadong may sakit na COVID-19?)		
3. Have you had any contact with anyone with fever, cough, colds, diarrhea and sore throat in the past 2 weeks? (Mayroon ka bang nakasama na may lagnat, ubo, sipon, nagtae o sakit ng lalamunan sa nakalipas ng 2 linggo?)		
4. Have you travelled outside the Philippines in the last 14 days? (Ikaw ba ay nagbyahe sa labas ng Pilipinas sa nakalipas na 14 na araw?)		
5. Have you travelled in any area in NCR aside from your home? (Ikaw ba ay nagpunta sa ibang parte ng NCR o Metro Manila bukod sa iyong bahay?)		
Specify (Sabihin kung saan)		

I hereby authorize the Philippine Council for Agriculture, Aquatic and Natural Resources Research and Development (PCAARRD) to collect and process the data indicated herein for the purpose of effecting control of the disease infection. I understand that my personal information is protected by RA 10173, Data Privacy Act of 2012, and I am required to provide truthful information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Request to:

☐ Work-From-Home for the period: \_\_\_\_\_

☐ Self-Quarantine for the period: \_\_\_\_\_

Approved: \_\_\_\_\_  
Division Director

Paseo de Valmayor, Brgy. Timugan, Los Baños, Laguna, Philippines 4030

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Manila Liaison Office: 2F Metrology Center, ITDI-DOST, Bicutan, Taguig City, Metro Manila 1631/ Tel. No. (63) (2) 837-1651

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