**OFFICE OF THE PUNONG BARANGAY**

**HEALTH MONITORING FORM**

**NAME: TEMPERATURE:**

**ADDRESS: DATE:**

**CONTACT NO.:**

|  |  |
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| **QUESTIONS** | **ANS.** |
| 1. **Have you travelled outside of the Philippines in the last 14 days? (Y/N)** |  |
| 1. **Have you had close contact with someone who is ill with cough and/or fever? (Y/N)** |  |
| 1. **Have you been in contact in the last 14 days with someone that is being investigated** |  |
| **DO YOU HAVE ANY OF THE FOLLOWING SYMPTOMS?** | |
| 1. **FEVER** |  |
| 1. **COUGH** |  |
| 1. **SHORTNESS OF BREATH / BREATHING DIFFICULTIES** |  |
| 1. **LOOSE BOWELLS** |  |
| 1. **SORE THROATH** |  |

**SIGNATURE**