**OFFICE OF THE PUNONG BARANGAY**

**HEALTH MONITORING FORM**

**NAME:** **RENE B. LARA**

**Address:** **BRGY. SAN MIGUEL**

**Contact #:** **123134**

**Temperature:** **26.5**

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| **QUESTIONS** | **ANS.** |
| 1. **Have you travelled outside of the Philippines in the last 14 days? (Y/N)** | **NO** |
| 1. **Have you had close contact with someone who is ill with cough and/or fever? (Y/N)** | **NO** |
| 1. **Have you been in contact in the last 14 days with someone that is being investigated** | **NO** |
| **DO YOU HAVE ANY OF THE FOLLOWING SYMPTOMS?** | |
| 1. **FEVER** | **NO** |
| 1. **COUGH** | **NO** |
| 1. **SHORTNESS OF BREATH / BREATHING DIFFICULTIES** | **NO** |
| 1. **LOOSE BOWELLS** | **NO** |
| 1. **SORE THROATH** | **NO** |

**Date:** **January 19 2021**