**OFFICE OF THE PUNONG BARANGAY**

**HEALTH MONITORING FORM**

**Address:** **BARAS RIZAL**

**NAME:** **JOHN C MICHEAL**

**Contact #:** **12313123123**

**Temperature:**

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

**Date:** **January 21 2021**