

# SUN LIFE CENTRE COVID-19 HEALTH CHECKLIST

☐ Health Care Worker ☐ Client/Visitor ☐ Tenant ☐ Outsource/Contractor Company Name: \_\_\_\_\_

I have read and understood the privacy policy and consents Sun Life to collect my information. ☐ No ☐ Yes

In the light of the COVID-19 coronavirus, Sun Life is taking a precautionary measure as it relates to clients and visitors to our offices.

NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_  
MOBILE/ PHONE NO. \_\_\_\_\_ AGE: \_\_\_\_\_  
RESIDENCE: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

BODY TEMPERATURE  
UPON ENTRY

## 1. Are you experiencing any of the following symptoms?

- a. Fever (>37.5) for the past few days ☐ No ☐ Yes
- b. Shortness of breath ☐ No ☐ Yes
- c. Sore throat ☐ No ☐ Yes
- d. Body pains / Muscle aches / Headache ☐ No ☐ Yes
- e. Diarrhea ☐ No ☐ Yes
- f. New cough (not related to chronic condition) ☐ No ☐ Yes
- g. New nasal congestion or new runny nose (not related to seasonal allergies) ☐ No ☐ Yes
- h. New loss of smell or taste ☐ No ☐ Yes

## 2. Have you been in CLOSE contact with a probable/confirmed case of COVID-19 OR otherwise had contact with anyone suffering from flu-like symptoms (i.e. fever, cough, colds and sore throat) in the past 14 days?

☐ No ☐ Yes

**CLOSE contact is defined as any of the following:** (please check)

- ☐ Worked together in close proximity with a COVID-19 patient
- ☐ Traveled together in close proximity or stayed in the same close environment with a COVID-19 patient
- ☐ Living together with a COVID-19 patient
- ☐ Face-to-face Contact within ONE (1) meter and more than FIFTEEN (15) minutes
- ☐ Provided direct care for a COVID-19 patient

## 3. Have you travelled outside of the Philippines in the last 14 days? ☐ No ☐ Yes

*I hereby authorized Sun Life of Canada (Philippines), Inc., to collect and process the data indicated herein for the purpose of contact tracing effecting control of the COVID-19 infection. I understand that my personal information is protected by RA 10173, Data Privacy Act of 2012, and that I am required by RA 11469, Bayanihan to Heal as One Act, to provide truthful information. And that this form will be destroyed after 30 days from the date of accomplishment, following the National Archives of the Philippines protocol.*

Signature: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME IN: \_\_\_\_\_ TIME OUT: \_\_\_\_\_

## Sun Life Security / Safety Officer to complete below:

Entry Approved? ☐ YES ☐ NO

Reviewer Signature over Printed Name: \_\_\_\_\_ DATE: \_\_\_\_\_