HEALTH DECLARATION FORM

HDF Question	Actions
Did you visit a hospital, clinic or medical health facility in the past 14 days?	If yes, Safety Officer shall conduct interview for further clarifications and assess risk level if person to allowed entry Clarify the following: a. Reason for hospital visit
	b. Description of level of exposure to potential COVID-19 virus
In the last 14 days and at present, did you experience or are you experiencing any of the following: fever, colds, cough, sore throat, body pains, headache, or difficulty in breathing?	If answer is YES, (High Risk); disallow entry
In the last 14 days, have you been in contact with anyone with fever, cough, colds and sore throat?	If answer is YES, (High Risk); disallow entry
In the last 14 days, have you been in close contact with a person or patient who has either (a) displayed any symptoms associated with COVID-19, regardless of whether the same person has been tested for COVID-19 or not, or (b) has been confirmed positive for COVID-19?	
In the last 14 days, have you travelled outside the Philippines?	If answer is YES, (High Risk); disallow entry
Have you travelled to any other city aside from your home?	If answer is YES, Safety Officer shall conduct interview for further clarifications and assess risk level if person to allowed entry. Need to clarify the following: a. Is the city/municipality under MECQ? GCQ? declared by DOH as "high-risk area"? b. What was the reason for travel outside city/municipality of residence? c. What was the mode of transportation used for the travel? d. Description of level of exposure to potential COVID-19 virus e. Are safety precautions strictly observed by the visited facility?

Do you have any of the following medical conditions: hypertension, diabetes, cancer, or with immuno-compromised health status, serious heart conditions, chronic lung disease or moderate to severe asthma, or pregnant



Health Declaration Form

The safety of our people remains as the top priority of Ayala Malls. As the outbreak of Coronavirus Disease 2019 (COVID-19) continues, it is incumbent upon all of us to remain vigilant in preventing its spread and reduce the potential risk of exposure of everyone in their workplace found within the confines of our malls. Please answer this form to help us take the necessary precautionary measures to protect you and our community1.

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HEALTH DECLARATION FORM (1 MONTH DETAILED)

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The Station Square East Commercial Corporation, its agents, assigns or authorized representative/s reserves the right to refuse entry into the mall premises any person whofails or refuses to accomplish and submit this form, and who it reasonably deems may pose a risk to other people.

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