

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?	If answer is YES, (High Risk); disallow entry
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? GCMQ? 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	If answer is YES, (High Risk); disallow entry
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3	In the last 14 days, have you been in contact with anyone with fever, cough, colds and sore throat?										
4	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										
5	In the last 14 days, have you travelled outside the Philippines?										
6	Have you travelled to any other city aside from your home?	Specify:		Specify:		Specify:		Specify:		Specify:	
7	Do you have any of the following medical conditions: hypertension, diabetes, cancer, or with immuno compromised health status, serious heart conditions,	Specify:		Specify:		Specify:		Specify:		Specify:	
Certification and Data Privacy Consent I certify that the information I have provided is true, correct and complete. I understand that I am required to RA No. 11469 (Bayanihan to Heal as One Act) to provide truthful information, and that my failure to answer or any false/wrong information given may be a ground for the filing of appropriate cases against me under the law. I hereby give my full consent to <u>Station Square East Commercial Corporation</u> (the "Company") to collect, record, and process information, whether personal, sensitive or privileged, pertaining to myself for the purpose of drafting and implementing policies related to the prevention and/or containment of COVID-19. In this connection, I acknowledge that I have read, understood and/or have been duly informed of the terms and conditions pertaining to the data privacy practices of the Company as reflected in the Company's Data Privacy Policy at https://www.ayalaland.com.ph/privacy-policy/ and I hereby express my full conformity thereto. 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 who fails or refuses to accomplish and submit this form, and who it reasonably deems may pose a risk to other people.											
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						Signature over Printed Name					
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						<hr/>					
						Date					



HEALTH DECLARATION FORM (1 MONTH DETAILED)



NAME: _____

COMPANY: _____

MONTH: _____

AGE: _____

SEX: _____

CONTACT NO.: _____

DATE	QUESTION 1		QUESTION 2		QUESTION 3		QUESTION 4		QUESTION 5		QUESTION 6		IF YES, Specify	QUESTION 7		IF YES, Specify	TEMPERATURE		SIGNATURE
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		YES	NO		1st	2nd	
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SUBMITTED BY: _____

CHECKED BY: _____

Signature over Printed Name	Signature over Printed Name
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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.

NAME:		DATE:		DATE:		DATE:		DATE:		DATE:	
COMPANY NAME:		TEMPERATURE		TEMPERATURE		TEMPERATURE		TEMPERATURE		TEMPERATURE	
		1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd
CONTACT NO.:		ENTRY POINT:		ENTRY POINT:		ENTRY POINT:		ENTRY POINT:		ENTRY POINT:	
AGE:	SEX:	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
1	Did you visit a hospital, clinic or medical health facility in the past 14 days?										
2	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?										
3	In the last 14 days, have you been in contact with anyone with fever, colds and sore throat?										
4	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?										
5	In the last 14 days, have you travelled outside the Philippines?										
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2. In the last 14 days and at present, are you experiencing or are you experiencing any of the following: fever, colds, cough, sore throat, body pains, headache, or difficulty in breathing?							
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remain vigilant in preventing its spread and reduce the potential risk of
† you and our community1.

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ENTRY POINT:		ENTRY POINT:	
YES	NO	YES	NO
Specify:		Specify:	
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Signature over Printed Name			
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Date

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