

ARELLANO UNIVERSITY

HEALTH SCREENING QUESTIONNAIRE

Name:\_\_\_\_\_Age:\_\_\_\_\_Sex: M ( ) F ( )

\_\_\_\_\_

Address:\_\_\_\_\_Contact No/s.\_\_\_\_\_

\_\_\_\_\_

		Check appropriate box (lagyan ng check ang kasagutan)	
		Yes	No
Are you experiencing or did you have any of the following in the last <b>10 days</b> *? (Nakakaranas o nakaranas ka ba ng mga sumusunod na sintomas sa nakaraang 10 na araw?) <b>*7 days if fully vaccinated</b>	Fever ( <i>lagnat</i> )		
	Cough ( <i>ubo</i> )		
	Colds ( <i>sipon</i> )		
	Body pains ( <i>pananakit ng katawan</i> )		
	Sore throat ( <i>pananakit ng lalamunan/masakit lununok</i> )		
	Itchy throat ( <i>pangangati ng lalamunan</i> )		
	Changes in ability to smell or taste ( <i>pagiba ng abilidad na panlanghap or panlasa</i> )		
	Shortness of breath ( <i>hirap sa paghinga</i> )		
Have you been tested for COVID-19 in the last <b>10 days</b> *? ( <i>ikaw ba ay dumaan sa pagsusuri para sa COVID-19 nitong nakalipas na 10 na araw?</i> ) *If yes, what is the result? ( <i>Ano ang resulta kung OO</i> ): _____ <b>*7 days if fully vaccinated</b>			
Have you worked together or stayed in the same close environment with confirmed or probable COVID-19 case in the last <b>14 days</b> *? ( <i>May nakasama ka ba, nakasalamuha o nakatrabahong nagpositibo o hinihinalang may COVID-19 nitong nakalipas na 14 na araw?</i> ) <b>*5 days if fully vaccinated</b> *If yes, when did quarantine start? ( <i>Kung oo, kelan ka nagsimulang iquarantine</i> ):_____			
Have you had any contact with any person who had fever, cough, colds and sore throat in the last <b>14 days</b> *? ( <i>Mayroon ka bang nakasama o nakasalamuha na may lagnat, ubo, sipon at masakit ang lalamunan sa nakaraang 14 na araw?</i> ) <b>*5 days if fully vaccinated</b>			
Have you travelled outside the Philippines or provinces outside NCR Plus with higher alert level, in the <b>14 days</b> *? ( <i>Ikaw ba ay buniyahe sa labas ng Pilipinas o probinsya na mas mataas ang community alert level nitong nakalipas na 14 na araw?</i> ) <b>*5 days if fully vaccinated</b>			

Health Declaration and Undertaking

Please check all that apply:

☐ I agree to abide by the Health and Safety Protocols of Arellano University to reduce the transmission of COVID-19

☐ I attest that if I experience any of the above conditions after accomplishing this form, I will not report to school and shall immediately inform my department or the campus clinic to receive proper advise

By signing this document, I confirm that:

I hereby authorize **ARELLANO UNIVERSITY** to collect and process data indicated herein for purposes of controlling COVID-19 infection. I understand that my personal information is protected by RA 10173 (Data Privacy Act of 2012) and that I am bound RA 11469 (Bayanihan to Heal as One) and RA 11332 (Mandatory Reporting of Notifiable Diseases) to provide truthful information.

I understand that **ARELLANO UNIVERSITY** is undertaking these measures to ensure that the well-being and protection of everyone, myself included, is prioritized. I understand that data about COVID-19 is constantly changing and that despite diligent efforts of **ARELLANO UNIVERSITY** to minimize transmission, there is still a risk of acquiring infection. The information herein are true and correct and I am aware that any untruthful statements I make has serious consequences on public health and safety for which I may be held liable under the law.

\_\_\_\_\_

Signature over  
printed name  
(Parent/Guardian if  
minor)

\_\_\_\_\_

Time

\_\_\_\_\_

Date