Employee Health Declaration Form

Date: July 06, 2020
Name: Sheila May Jimenez **Sex:** F **Age:** 24
Department: Marketing **Company:** Legend of Ice
Current Address:
Street: Cemento
Barangay: Pusok
City/Municipality: Lapu-lapu City

Temperature: _____

		YES	NO
1.) Do you have any pre-existing conditions *(e.g. asthma, hypertension, diabetes)*? If **yes**, what?:			✓
2.) Have you experienced any of the following within the past 30 days?:	a. Sore throat		✓
	b. Body pains		✓
	c. Headache		✓
	d. Fever		✓
3.) Have you had any contact with anyone with fever, cough, colds, and sore throat in the past 30 days? If **yes**, who?: _____ _____ _____ _____ _____ _____ *(Name/s)* *(Contact Number/s)*			✓
4.) Have you stayed in the same close environment (20 meter radius) of a confirmed COVID-19 case?			✓
5.) Have you travelled to any area outside your Barangay or City? If **yes**, when?: _____ where _____ _____ _____ _____ _____ *(Date/s)* *(Place/s)*			✓
6.) Are you living with a frontliner (Nurse, Doctor, Brgy. Tanod, Delivery person, etc.)? If **yes**, who?: _____ _____ _____ _____ _____ _____ _____ _____ *(Name/s)* *(Contact Number/s)*			✓

I hereby authorize Phoenix Group of Companies, to collect and process the data indicated herein for the purpose of 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.

Signature: _____ Date: July 6, 2020