

HEALTH CHECKLIST

NAME: Mark Johrel Manzano Mercado <small>First name Surname Middle name</small>	Gender: Male	Age 24	Temperature:
Home Address: Mayapa, Calamba		Section/Dept./Division: M.I.T	
FDTP Employee <input checked="" type="checkbox"/> FDTP Expats <input type="checkbox"/> Janitors <input type="checkbox"/> Security Guard <input type="checkbox"/> Visitor <input type="checkbox"/>			
Nationality: Filipino	Purpose of Visit: Official <input type="checkbox"/> Personal <input type="checkbox"/>		
Company Name (if not an employee of FDTP:		Company Address (if not an employee of FDTP:	

Please, honestly answer the following:	YES	NO
1. Are you experiencing (nakakaranas ka ba ng): a. Cough and cold (ubo at sipon) b. Difficulty in breathing (hirap sa pag hinga o pangangapos ng paghinga) c. Sore throat (pananakit ng lalamunan/masakit lumunok) d. Body pains (pananakit ng katawan) e. Headache (pananakit ng ulo) f. Fever for the past few days (Lagnat sa nakalipas na mga araw)	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you worked together or stayed in the same close environment of a confirmed COVID19 case? (May nakasama ka ba o nakatrabahong tao na kumpirmadong may COVID19/ may impeksyon ng coronavirus?)	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you had any contact with anyone with fever, cough, colds, and sore throat in the past 2 weeks? (Mayroon ka bang nakasama na may lagnat, ubo, sipon o sakit ng lalamunan sa nakalipas ng 2 lingo?)	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you travelled outside of the Philippines in the last 14 days? (Ikaw ba ay nagbyahe sa labas ng Pilipinas sa nakalipas na 14 na araw?)	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you travelled to any area in NCR aside from your home? (Ikaw ba ay nagpunta sa iba pang parte ng NCR o Metro Manila bukod sa iyong bahay?, sabihin kung saan _____)	<input type="checkbox"/>	<input type="checkbox"/>

I hereby authorize FDTP, to collect and process the data indicated herein for the purpose of effecting control of the COVID19 infection. I understand that my personal information is protected by RA 10173 Data Privacy Act 2012, and that I am required by RA 11469, Bayanihan to Heal as One Act, to provide truthful information.

Signature: _____ Date: _____

HEALTH CHECKLIST

NAME: Mark Johrel Manzano Mercado <small>First name Surname Middle name</small>	Gender: Male	Age 24	Temperature:
Home Address: Mayapa, Calamba		Section/Dept./Division: M.I.T	
FDTP Employee <input checked="" type="checkbox"/> FDTP Expats <input type="checkbox"/> Janitors <input type="checkbox"/> Security Guard <input type="checkbox"/> Visitor <input type="checkbox"/>			
Nationality: Filipino	Purpose of Visit: Official <input type="checkbox"/> Personal <input type="checkbox"/>		
Company Name (if not an employee of FDTP:		Company Address (if not an employee of FDTP:	

Please, honestly answer the following:	YES	NO
1. Are you experiencing (nakakaranas ka ba ng): a. Cough and cold (ubo at sipon) b. Difficulty in breathing (hirap sa pag hinga o pangangapos ng paghinga) c. Sore throat (pananakit ng lalamunan/masakit lumunok) d. Body pains (pananakit ng katawan) e. Headache (pananakit ng ulo) f. Fever for the past few days (Lagnat sa nakalipas na mga araw)	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you worked together or stayed in the same close environment of a confirmed COVID19 case? (May nakasama ka ba o nakatrabahong tao na kumpirmadong may COVID19/ may impeksyon ng coronavirus?)	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you had any contact with anyone with fever, cough, colds, and sore throat in the past 2 weeks? (Mayroon ka bang nakasama na may lagnat, ubo, sipon o sakit ng lalamunan sa nakalipas ng 2 lingo?)	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you travelled outside of the Philippines in the last 14 days? (Ikaw ba ay nagbyahe sa labas ng Pilipinas sa nakalipas na 14 na araw?)	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you travelled to any area in NCR aside from your home? (Ikaw ba ay nagpunta sa iba pang parte ng NCR o Metro Manila bukod sa iyong bahay?, sabihin kung saan _____)	<input type="checkbox"/>	<input type="checkbox"/>

I hereby authorize FDTP, to collect and process the data indicated herein for the purpose of effecting control of the COVID19 infection. I understand that my personal information is protected by RA 10173 Data Privacy Act 2012, and that I am required by RA 11469, Bayanihan to Heal as One Act, to provide truthful information.

Signature: _____ Date: _____