

HEALTH CHECKLIST

*Fill-out the form completely.

NAME: Manzano Mark Johrel M <small>Surname First name Middle Initial</small>		Gender: Male	Age 24	Temp.
Present Home Address: 251 San Lorenzo Ruiz St. Mayapa, Calamba City, Laguna		Section/Dept./Division: M.I.T		
		Nationality: Filipino		
FDTP Employee <input checked="" type="checkbox"/> FDTP Expats <input type="checkbox"/> Janitors <input type="checkbox"/> Drivers <input type="checkbox"/> Security Guard <input type="checkbox"/> Visitor <input type="checkbox"/>				
additional details for visitors (kindly fill up)				
Purpose of Visit: Official <input type="checkbox"/> Personal <input type="checkbox"/>				
Company Name :		Company Address :		

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) f. Headache (pananakit ng ulo) g. Loss of taste / smell (kawalan ng panlasa / pang-amoy) h. Fever for the past few days (Lagnat sa nakalipas na mga araw) i. Diarrhea (Pagtatae)	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a housemate, family member, or have you worked together in the same close environment of a confirmed COVID19 case? (May kapamilya ka ba, kasama sa bahay, o nakatrabahong tao na kumpirmadong may COVID19/ may impeksyon ng coronavirus?)	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have housemate or family member who were considered probable or suspected or person under monitoring but not confirmed covid19 case? (Meron kabang kasama sa bahay na probable or suspected or person under monitoring pero hindi confirmed covid19 case?)	<input type="checkbox"/>	<input type="checkbox"/>
4. 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"/>
5. 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"/>

NOTE: If you answer "YES" to any of the items above, Please proceed to the isolation/holding area.

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

*Fill-out the form completely.

NAME: Manzano Mark Johrel M <small>Surname First name Middle Initial</small>		Gender: Male	Age 24	Temp.
Present Home Address: 251 San Lorenzo Ruiz St. Mayapa, Calamba City, Laguna		Section/Dept./Division: M.I.T		
		Nationality: Filipino		
FDTP Employee <input checked="" type="checkbox"/> FDTP Expats <input type="checkbox"/> Janitors <input type="checkbox"/> Drivers <input type="checkbox"/> Security Guard <input type="checkbox"/> Visitor <input type="checkbox"/>				
additional details for visitors (kindly fill up)				
Purpose of Visit: Official <input type="checkbox"/> Personal <input type="checkbox"/>				
Company Name :		Company Address :		

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) f. Headache (pananakit ng ulo) g. Loss of taste / smell (kawalan ng panlasa / pang-amoy) h. Fever for the past few days (Lagnat sa nakalipas na mga araw) i. Diarrhea (Pagtatae)	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a housemate, family member, or have you worked together in the same close environment of a confirmed COVID19 case? (May kapamilya ka ba, kasama sa bahay, o nakatrabahong tao na kumpirmadong may COVID19/ may impeksyon ng coronavirus?)	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have housemate or family member who were considered probable or suspected or person under monitoring but not confirmed covid19 case? (Meron kabang kasama sa bahay na probable or suspected or person under monitoring pero hindi confirmed covid19 case?)	<input type="checkbox"/>	<input type="checkbox"/>
4. 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"/>
5. 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"/>

NOTE: If you answer "YES" to any of the items above, Please proceed to the isolation/holding area.

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: _____