FUJITSU DIE-TECH CORPORATION OF THE PHILIPPINES **Human Resource**

Form No. NHCO1 Revision No. 02

HEALTH CHECKLIST

NAME: Mark Johrel Manzai	no Merca		Gender: Male	Age 24	Temperature:		
Home Address: Mayapa, Calamba			Section/Dept./Divi M.I.T	sion:			
DTP Employee FDTP Expats Janitors Security Guard Visitor Visitor							
Nationality: Filipino	Purpose of Visit:		Official	Perso	nal		
Company Name (if not an employee of FDTP: Company Address (if not an employee of FDTP:							
Please, honestly answer the following:					S NO		
 Are you experiencing (nakakaranas ka ba ng:) Cough and cold (ubo at sipon) Difficulty in breathing (hirap sa pag hinga o pangangapos ng paghinga) Sore throat (pananakit ng lalamunan/masakit lumunok) Body pains (pananakit ng katawan) Headache (pananakit ng ulo) Fever for the past few days (Lagnat sa nakalipas na mga araw) 							
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?)							
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?)							
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?)							
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)							
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: franço	™		Date:				

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Home Address: Mayapa, Calamba	on:						
FDTP Employee ☑ FDTP Expats ☐ Janitors	Security Guard] Vi	sitor				
Nationality: Filipino Purpose of Visit:	Official	Personal					
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)							
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3. Have you had any contact with anyone with fever, cough, throat in the past 2 weeks? (Mayroon ka bang nakasama na masakit ng lalamunan sa nakalipas ng 2 lingo?)							
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Signature: May Cm	Date: _						