FUJITSU DIE-TECH CORPORATION OF THE PHILIPPINES

Form No. NHCO1

	CHECKLI	ST		
*Fill-out the form completely.		Gender:	Age	Temp.
Manzano Mark Johrel	M iddle Initial	Male	24	
Present Home Address:		Section/Dept./Divi	sion:	
251 San Lorenzo Ruiz St. Ma	ayapa,	M.I.T		
Calamba City, Laguna Filipir			pino	
FDTP Employee 🔽 FDTP Expats 🗌 Janitors 🗀	Drivers	Security Guard		Visitor
additional details for visitors (kindly fill up) Purpos	e of Visit:	Official	Perso	nal
Company Name :	Company Addi	.ecc ,		
company name .	company Addi	C33 .		
Diagon hannath, annuarth of allowing			VEC	. NO
Please, honestly answer the following: 1. Are you experiencing (nakakaranas k	a ha nau\		YES	S NO
 a. Cough and cold (ubo at sipon) b. Difficulty in breathing (hirap sa pag hi c. Sore throat (pananakit ng lalamunan/r d. Body pains (pananakit ng katawan) f. Headache (pananakit ng ulo) g. Loss of taste / smell (kawalan ng panl h. Fever for the past few days (Lagnat sa i. Diarrhea (Pagtatae) 	nasakit lumun asa / pang-an	noy)	ga	
 Do you have a housemate, family member, o same close environment of a confirmed COVID1s kasama sa bahay, o nakatrabahong tao na kump impeksyon ng coronavirus?) 	ocase? (May k	apamilya ka ba,		
 Do you have housemate or family member who suspected or person under monitoring but not con- kabang kasama sa bahay na probable or suspec- pero hindi confirmed covid19 case?) 	nfirmed covid19	case? (Meron		
4. Have you had any contact with anyone w throat in the past 2 weeks? (Mayroon ka bang sipon o sakit ng lalamunan sa nakalipas ng 2 ling	nakasama na r		е	
5. Have you travelled outside of the Philippi ay nagbyahe sa labas ng Pilipinas sa nakalipas n	na 14 na araw?,			
NOTE: If you answer "YES" to any of the items abo	ve, Please proc	eed to the isolation	/holding	area.
I hereby authorize FDTP, to collect and pro effecting control of the COVID19 infection. I unde 10173 Data Privacy Act 2012, and that I am requiprovide truthful information.	rstand that my	personal information	n is prote	ected by RA
Signature: Amah. car		Date:		

Signature:	Angh	y Cryg	Date:	
		,		

FUJITSU DIE-TECH CORPORATION OF THE PHILIPPINES

nullali Resource		r	evision No. 03
HEALTH CHECKLIST			
*Fill-out the form completely. NAME: Manzano Mark Johrel Surname First name Middle Initial Manager April 1985		1 24	emp.
Present Home Address: Section/De	pt./Divisio	on:	
251 San Lorenzo Ruiz St. Mayapa, M.I	.T		
Calamba City, Laguna	· Filip	ino	
FDTP Employee FDTP Expats Janitors Drivers Securit	y Guard 🗌]	Visitor
additional details for visitors (kindly fill up) Purpose of Visit: Official	\neg	Person	al
Company Name : Company Address :			
Plane have the fall of the fal		VEC	T 110
Please, honestly answer the following: 1. Are you experiencing (nakakaranas ka ba ng:)		YES	NO
a. Cough and cold (ubo at sipon) b. Difficulty in breathing (hirap sa pag hinga o pangangapos ng 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 arav i. Diarrhea (Pagtatae)			
2. Do you have a housemate, family member, or have you worked togethe same close environment of a confirmed COVID19 case? (May kapamilya ka kasama sa bahay, o nakatrabahong tao na kumpirmadong may COVID19/ nimpeksyon ng coronavirus?)	a ba,		
3. Do you have housemate or family member who were considered probab suspected or person under monitoring but not confirmed covid19 case? (Me kabang kasama sa bahay na probable or suspected or person under monito pero hindi confirmed covid19 case?)	eron		
4. Have you had any contact with anyone with fever, cough, colds, a throat in the past 2 weeks? (Mayroon ka bang nakasama na may lagnat, sipon o sakit ng lalamunan sa nakalipas ng 2 lingo?)			
5. Have you travelled outside of the Philippines in the last 14 days? ay nagbyahe sa labas ng Pilipinas sa nakalipas na 14 na araw?)			

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:	Amai	th Chi	Date:	
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