



SIC - 01252 (12-2015)

Republic of the Philippines  
SOCIAL SECURITY SYSTEM  
**SICKNESS NOTIFICATION**

CLAIM NO. 110619RE-FILING CLAIM NO. 11062911/11/2020THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT [www.sss.gov.ph](http://www.sss.gov.ph)

PLEASE READ THE INSTRUCTIONS AND REMINDER AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

**PART I - TO BE FILLED OUT BY THE MEMBER****A. PERSONAL DATA**

SS NUMBER <u>014 3181718131193</u>	COMMON REFERENCE NUMBER (IF ANY) <u></u>	DATE OF BIRTH (MMDDYYYY) <u>09 11 191916</u>	TAX IDENTIFICATION NUMBER (IF ANY) <u>72010118511</u>
NAME <u>VILLA LUNA</u> (LAST NAME)	(FIRST NAME) <u>CARL LORENZ</u>	(MIDDLE NAME) <u>RAMOS</u>	(SUFFIX) <u></u>
ADDRESS <u>RM. 101 BLDG. 101 CALAPAN</u> (RM./FLR./UNIT NO. & BLDG. NAME)	(HOUSE/LOT & BLK NO.) <u>101</u>	(STREET NAME) <u>101 CALAPAN</u>	(CITY/MUNICIPALITY) <u>CALAPAN</u>
(SUBDIVISION) <u>BLDG. 101 CALAPAN</u>	(BARANGAY/DISTRICT/LOCALITY) <u>BLDG. 101 CALAPAN</u>	(CITY/MUNICIPALITY) <u>CALAPAN</u>	(PROVINCE) <u>OR. MINDORO</u>
TELEPHONE NO. (AREA CODE + TEL NO.) <u>091060914701414</u>	MOBILE/CELLPHONE NO. <u></u>	E-MAIL ADDRESS <u>iamvircarl21@gmail.com</u>	ZIP CODE <u>51200</u>
FOREIGN ADDRESS (IF APPLICABLE) <u></u>	COUNTRY <u></u>	ZIP CODE <u></u>	

**B. CERTIFICATION**

I certify that the information provided in this form are true and correct.

CARL LORENZ R. VILLA LUNA

PRINTED NAME

SIGNATURE

DATE

If member cannot sign, affix fingerprints. Please read Instruction No. 6 of the form.

Below are the witnesses to fingerprinting:

1)

PRINTED NAME

SIGNATURE

DATE

2)

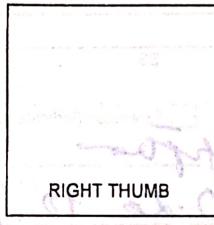
ADDRESS &amp; CONTACT NUMBER

PRINTED NAME

SIGNATURE

DATE

ADDRESS &amp; CONTACT NUMBER

**PART II - TO BE FILLED OUT BY EMPLOYER****A. EMPLOYER DATA**

EMPLOYER ID NUMBER <u>01411017014116110000</u>	NAME OF EMPLOYER/REGISTERED BUSINESS NAME <u>TAMARA W TECHNOHUB INC</u>	E-MAIL ADDRESS <u>francis@tamtechhub.com</u>		
BUSINESS ADDRESS (NO. & STREET) <u>5TH FLOOR MEGALIFE BLDG. JUAN LUNA ST, SAN VICENTE CENTRAL, CALAPAN CITY, ORMIN</u>	(BARANGAY) <u></u>	(TOWN/ DISTRICT) <u></u>	(CITY/PROVINCE) <u></u>	ZIP CODE <u>51200</u>
START OF SICK LEAVE (MMDDYYYY) <u>10/20/2020</u>	NOTIFICATION FORM WAS RECEIVED BY US ON (MMDDYYYY) <u>10/20/2020</u>	E-NOTIFICATION DATE (MMDDYYYY) <u>10/23/2020</u>	ACCIDENT/SICKNESS OCCURRED WHILE <input type="checkbox"/> Working <input type="checkbox"/> In Co. Premises <input type="checkbox"/> On Vacation <input type="checkbox"/> On Strike <input type="checkbox"/> Co. Shutdown <input type="checkbox"/> Under Suspension	

**B. CERTIFICATION**I certify that the above information are true and correct and that the reported accident/illness is duly recorded in the Employer's Logbook for EC/Claim under page number 1 and entry number 4.FRANCIS CACHA

SIGNATURE OVER PRINTED NAME

EMPLOYER/AUTHORIZED REPRESENTATIVE

MANAGING DIRECTOR

OFFICIAL DESIGNATION

11/17/2020

DATE

**PART III - MEDICAL CERTIFICATE (TO BE FILLED OUT BY THE ATTENDING PHYSICIAN)**BRIEF MEDICAL HISTORY AND PERTINENT FINDINGS  
Patient is a COVID-19 positive. He was tested since home quarantine x 2 weeks & today Monday Nov. 9, 2020. Patient is asymptomatic**ATTENDING PHYSICIAN'S CERTIFICATION**I certify that I have seen and examined above-named patient on October 19, 2020 and in my opinion, confinement including recuperation period may last 15 days.  
(no. of days)DIAGNOSIS: Covid-19 FIT TO WORK: Normal 5, 2020

PLACE OF CONFINEMENT <input checked="" type="checkbox"/> HOME <input type="checkbox"/> HOSPITAL	START OF CONFINEMENT (MMDDYYYY) <u>10/20/2020</u>	NAME OF HOSPITAL (if confined in a hospital) <u>MARIA MARGARET B. ALPON, M.P.</u>
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PM OR

PRINTED NAME AND SIGNATURE <u>MARIA MARGARET B. ALPON, M.P.</u>	LICENSE NO. <u>115221</u>
ADDRESS OF PHYSICIAN'S CLINIC/HOSPITAL <u>Mar. 101 CALAPAN</u> (NO. & STREET) (BARANGAY) (TOWN/ DISTRICT) (CITY/PROVINCE) (ZIP CODE) <u>Or. MINDORO 51200</u>	

PM OR

RECEIVED BY (FOR MEMBER SERVICES SECTION) <u>MILDRED M. VESQUE</u>	RECEIVED BY (FOR MEDICAL EVALUATION SECTION) <u>RAJEN S. LAUREN</u>
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SIGNATURE OVER PRINTED NAME <u>SMSP</u>	DATE <u>11/20/2020</u>	TIME <u>11:00</u>	SIGNATURE OVER PRINTED NAME <u>RAJEN S. LAUREN</u>	DATE <u>11/20/2020</u>	TIME <u>11:00</u>
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Perforate Here

## THIS PORTION TO BE FILLED OUT BY SSS PERSONNEL

## PART V - SCREENING RESULTS

## MEMBER SERVICES SECTION

Screening was done and results are as follows:

- In order  
 No signature of Employee  
 No signature of Employer  
 Medical Certificate not accomplished

Remarks:

## MEDICAL EVALUATION SECTION

Screening was done and results are as follows:

- In order  
 With findings, please see remarks

Remarks:

SCREENED BY

MILDRED M. MARASIGAN  
S.S.#

112620

110

SIGNATURE OVER PRINTED NAME

SCREENED BY

RAYMOND B. UNGEN

112620

117

SIGNATURE OVER PRINTED NAME

DATE

TIME

## RECEIPT AND SCREENING (RE-FILED CLAIM)

- Claim accepted  
 Claim not accepted (see remarks)

REMARKS

## RECEIVED AND SCREENED BY

SIGNATURE OVER PRINTED NAME

DATE

TIME

DATE RETURNED

## PART VI - MEDICAL EVALUATION

## A. PHYSICAL EXAMINATION AND INTERVIEW

## PERTINENT PE FINDINGS (Member to affix signature after PEI)

Onset of Illness

Last Working Day

Back to Work

Member's Signature

## B. RECOMMENDATION

SS

EC

## APPROVED # of days

 Initial Extension (indicate previous approval)

(In numeric)

10-20 to 11-3-2020

(Inclusive Period)

 Previous approval Hospital (Confined)DEBORAH M. MARASIGAN, MD  
SSS MEDICAL SPECIALIST

(Date of Discharge)

 PENDING -  For MFS  HCD/ODS referral

(HCD/ODS referral)

 RETURNED -

Initials \_\_\_\_\_ Date \_\_\_\_\_

 DENIED -Copy of ~~the~~ certificate served at  
Initials \_\_\_\_\_ Date \_\_\_\_\_  
It is certified true copy  
for the job

## APPROVED # of days

 Initial Extension (indicate previous approval)

(In numeric)

(In words)

(Inclusive Period)

 Previous approval Hospital (Confined)

(Date of Discharge)

 PENDING -  For MFS  HCD/ODS referral RETURNED -

Initials \_\_\_\_\_

Date \_\_\_\_\_

 DENIED -

Initials \_\_\_\_\_

Date \_\_\_\_\_

## REMARKS

## REMARKS

## ILLNESS CODE/S

U07 XXX

## EVALUATED BY

DEBORAH M. MARASIGAN, MD  
SSS MEDICAL SPECIALIST

11-26-2020

SIGNATURE OVER PRINTED NAME

DATE

## ENCODED AND RELEASED BY

RAYMOND B. UNGEN

11-26-2020

SIGNATURE OVER PRINTED NAME

DATE

## INSTRUCTIONS

## ON FILING OF NOTIFICATION

## For Employed Members

- To avoid penalties for late filing, Sickness Notification (SN) form must be submitted to employer within five (5) calendar days after start of confinement, except:
  - a) if confinement is in a hospital - deadline for notification is one (1) year from date of discharge
  - b) if sickness/injury occurred while at work or within company premises - Employer is deemed notified.
- For EC cases, sickness/injury must be recorded in the company logbook within five (5) calendar days from notice or knowledge of occurrence of the contingency. Failure to do so will mean employer liability to fifty (50) percent of the lump sum equivalent of the income benefit the employee is entitled.

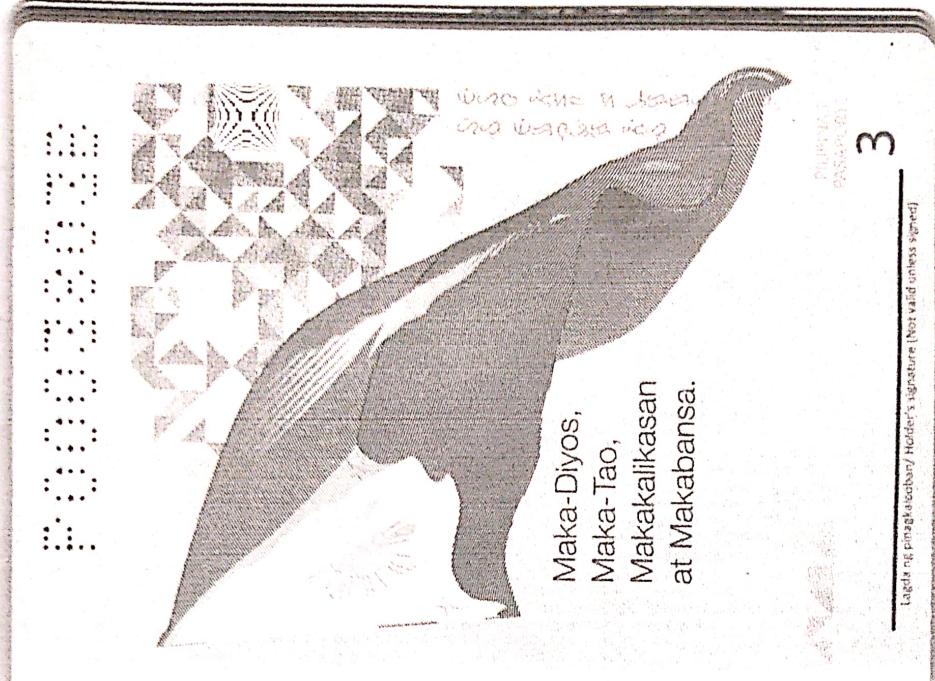
## ATTACHMENT/SUPPORTING DOCUMENTS

## For prolonged confinements/sickness

- Laboratory, X-ray, ECG and other diagnostics results
- Operation room/clinical record that will support diagnosis

## For Employers

- To avoid penalties for late filing, employer may:
  - a) File the SSS SN form with the SSS office



**REPUBLIKA NG PILIPINAS | REPUBLIC OF THE PHILIPPINES**

PASAPORTE /  
PASSPORT

Unit / Type P      Kodigo ng bansa / Country code PHL  
Passport No. P0003803B

Apelyido / Surname VILLALUNA  
Pangalan / Given names CARL LORENZ  
Paniggitnaang apelyido / Middle name RAMOS

Petsa ng kapanganakan / Date of birth 16 SEP 1996  
Nasyonalidad FILIPINO

Kasarihan / Sex M      Liwasan ng kapanganakan / Place of birth CALAPAN OR MDO

Petsa ng pagkakaboloob / Date of issue 12 JAN 2019  
Petsa ng pagkawalaang boroob / Valid until 11 JAN 2029  
Maykapangyanhang naekalabob / Issuing authority DFA NCR WEST

P<PHLVILLALUNA<<CARL<LORENZ<<<<<<<<<<<<  
P0003803B2PHL9609163M2901112<<<<<<<<<<<06

3

[Signature of the passport holder / Holder's signature (Not valid unless signed)]

Jh  
JL  
Jh



City / Municipality: Calapan City

Name: CARL LDRENZ Vilchez Age: 24

Address: Sta. Isabel Calapan City Date of Departure: October 19 - 2020

Gender: Male

Place of Origin:

Contact #: 0900097044

Date of Arrival to the Philippines:

Date:	Day													REMARKS
	1	2	3	4	5	6	7	8	9	10	11	12	13	
10-19-20	2.0	2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8	2.9	3.0	3.1	4-1-20	
Temperature	36.3	36.5	37.5	37.0	36.2	36.5	36.4	36.0	35.9	34.5	35.5	36.0	35.1	36.1
Cough (Y or N)	N/A													
Colds (Y or N)	N/A													
Difficulty of Breathing (Y or N)	N/A													
Others	N/A													

Monitored by:

Isabel C. Ramos  
BHERT

Reviewed by:  
Julia Aran Alcañices

RHM

Approved by:

Ma. Teresita N. Bolbol, MD.

BASILISA M. LLANTO, M.D.  
City Health Officer

Medical Record No. 17  
RALEIGH HOSPITAL  
COMPLIMENTARY  
CHARTS OF THE PHILIPPINES



Republic of the Philippines  
Region of MIMAROPA  
Province of Oriental Mindoro  
City of Calapan  
BARANGAY STA. ISABEL

FLY HIGH AS  
**ONE**  
CALAPAN

## OFFICE OF THE PUNONG BARANGAY

# CERTIFICATION

(Completed 14-day Home Quarantine)

To whom it may concern:

This is to certify that Carll Lorenz K. Villaguna, \_\_\_ years old, a resident of STA. ISABEL, this barangay, has undergo and completed 14-day home quarantine from OCTOBER 20, 2020 to NOVEMBER 4, 2020. Under the supervision of the Barangay Health Emergency Response Team (BHERT) with assistance from the City Health and Sanitation Department (CHSD) and showed no symptoms related to COVID-19 until the last day of the quarantine period.

Further, results of monitoring of the temperature conducted at least twice daily and other related details is in the custody of BHERT and can be made available anytime should the authorities require so.

Given this NOVEMBER 4, 2020 as a recommendation to the City Health Officer in relation to the issuance of Health Certificate for the above-named person to travel back to his/her hometown.

SUSANA B. VERGARA  
Punong Barangay

ST. CALAPAN BARANGAY  
Medical Services Center  
RECEIVED  
ALLEGEDLY [Signature] DATED [Signature]  
NOV 4 2020 11:16  
COMPARABLE TO ORIGINAL ✓  
PHOTOGRAPH TRUE COPY



Republic of the Philippines  
CITY OF CALAPAN

CITY HEALTH AND SANITATION DEPARTMENT



CONTROL No. R- 0063

MEDICAL CERTIFICATE

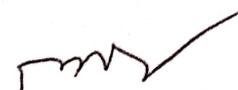
TO WHOM IT MAY CONCERN,

This is to certify that CARL LORENZ VILLA LUNA, 24 years old, Male/Female, resident of Brgy. STA. ISABEL, Calapan City, Oriental Mindoro, has been examined by the undersigned and is found to be physically fit and has no signs and symptoms of COVID19 at the time of examination.

Upon the completion of 14-day isolation at home/isolation facility and tagged as clinically recovered/improved based on the judgement of the undersigned, he/she is given the permission to go back to work and community reintegration. This is in accordance with the guidelines set by Department Memorandum No. 2020-0258 dated May 29, 2020 and Department Memorandum No. 2020-0258-A dated July 6, 2020.

Furthermore, he/she is instructed to observe the health protocol such as proper wearing of mask and face shield, physical distancing of more than one meter and frequent hand washing to prevent the spread of COVID-19 virus.

Given this 4th day of NOVEMBER, 2020 at the City Health and Sanitation Department, Brgy. Ibaba East, Calapan City for whatever legal purpose it may serve.

  
MA. TERESITA N. BOLOR, MD.  
Rural Health Physician  
Lic. # 74437

Calapan Branch  
Medical Record Center  
RECEIVED  
CALAPAN CITY HOSPITAL  
11/26/2020 1:17  
COMPARED WITH ORIGINAL /  
CERTIFIED TRUE COPY

Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**  
Sickness Notification Transmittal List

EMPLOYER NAME	EMPLOYER SS NUMBER	BRANCH NO.	DATE ENCODED
TAMARAW TECHNOHUB INC.	04-1070416-1	000	OCTOBER 23, 2020

Trans. No	SS Number	Employee Name	Claim Type	Start of Sick Leave	No. of Days Applied	Hospitalized?
20201031327	04-3878319-3	CARL LORENZ RAMOS VILLALUNA	EC	10/20/2020	14	Yes
20201031330	04-3878319-3	CARL LORENZ RAMOS VILLALUNA	SSS	10/20/2020	14	Yes
20201031331	34-8724536-2	JOHN CARLOS AUSTRIA CARPIO	SSS	10/20/2020	14	Yes
20201031332	34-8724536-2	JOHN CARLOS AUSTRIA CARPIO	EC	10/20/2020	14	Yes
20201031328	34-9286634-1	LOUIE ROSA GAMBOA	SSS	10/20/2020	14	Yes
20201031329	34-9286634-1	LOUIE ROSA GAMBOA	EC	10/20/2020	14	Yes

	<b>PROVINCIAL GOVERNMENT OF ORIENTAL MINDORO ORIENTAL MINDORO PROVINCIAL HOSPITAL</b> Nautical Highway, Sta. Isabel Calapan City, Province of Oriental Mindoro <b>Rapid PCR COVID - 19 Testing Laboratory</b>	
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<b>Name of Patient:</b> VILLALUNA, CARL LAURENCE RAMOS (Full Last name, First Name, Middle Name)	
<b>Age/Sex:</b> 24/M	<b>Date of Birth:</b> 09/16/1996
<b>Patient Location:</b>  ( ) OPD ( V ) REFERRAL ( ) INPATIENT	<b>OMPH Hospital No:</b> N/A
	<b>OMPH Patients</b>
	<b>Date Admission:</b> N/A
<b>Requisitioner:</b> Dr.Basilisa Llanto	<b>Address:</b> Sta.Isabel, Calapan City
<b>Specimen Type:</b> NPS/OPS	<b>Accession No:</b>   <b>Laboratory No:</b> OMD-4-1020203547
<b>Date and Time of Specimen Collection:</b> 10/20/2020 10:25:00	<b>Date and Time of Specimen Receipt:</b> 10/20/2020 12:11:00
<b>Date and Time of Release of Result:</b> 10/20/2020 16:36:12	

#### LABORATORY TEST RESULT

**LABORATORY TEST PERFORMED:** SARS-CoV-2 (causative agent of COVID-19) detection by Rapid Polymerase Chain Reaction using GeneXpert System

TEST RESULT:

**SARS-CoV-2 POSITIVE**

#### INTERPRETATION OF RESULTS WHEN APPROPRIATE

FINAL RESULT	INTERPRETATION
<b>SARS-CoV-2 POSITIVE</b>	The 2019 novel coronavirus (SARS-CoV-2) target nucleic acids are detected.
<b>SARS-CoV-2 PRESUMPTIVE POSITIVE</b>	The 2019 novel coronavirus (SARS-CoV-2) nucleic acids may be present.
<b>SARS-CoV-2 NEGATIVE</b>	The 2019 novel coronavirus (SARS-CoV-2) nucleic acids are not detected.
<b>INVALID</b>	Test internal control (SPC) does not meet acceptance criteria. Presence or absence of novel corona virus (SARS-CoV-2) nucleic acids cannot be determined.
<b>ERROR</b>	Presence or absence of novel corona virus (SARS-CoV-2) nucleic acids cannot be determined.
<b>NO RESULT</b>	Presence or absence of novel corona virus (SARS-CoV-2) nucleic acids cannot be determined.

This laboratory result should be interpreted together with the available clinical and epidemiological information.

#### COMMENTS:

<b>Performed by:</b>  MA. KHATRINE C. ATIENZA, RMT License Number: 0068736 Analyst	<b>Verified by:</b>  MORRE A. ELMIDO, RMT License Number: 0054714 Analyst	<b>Noted by:</b>  JONATHAN Q. LEVISTE, MD, FPSP, MHA License Number: 0079063 Pathologist
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Certified true Copy  
27/12/2020

**SSB CALABAN BRANCH**  
 11/09/2020 10:45  
 141 UNIDAD DE VARGEN  
 SSB CALABAN