



# West Visayas State University

(Formerly Iloilo Normal School)  
MEDICAL AND DENTAL CLINIC  
Luna St., La Paz, Iloilo City 5000  
Iloilo, Philippines

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## HEALTH CHECKLIST

NAME: \_\_\_\_\_

Temperature: \_\_\_\_\_

	YES	NO
1. Are you experiencing any of the following?  a. Sore throat  b. Body pains  c. Headache  d. Fever for the past few days		
2. Have you worked together or stayed in the same closed environment of a confirmed COVID-19 case?		
3. Have you had any contact with anyone with fever, cough, cold, and sore throat in the past 2 weeks?		
4. Have you travelled outside of the Philippines in the last 14 days?		
5. If yes, please specify : _____		

I hereby authorize West Visayas State University Medical-Dental Clinic to collect and process the data indicated herein in the purpose of effecting control of the COVID-19 infection. I understand that my personal information is protected by RA 10173, Data Privacy Act of 2012, and that I am required by RA 11469, Bayanihan to Heal as One Act, to provide truthful information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_