

## HEALTH DECLARATION

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

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

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Residence: \_\_\_\_\_

Contact Number/s: \_\_\_\_\_

|   | Symptoms ( <i>Mga sintomas</i> )  | YES<br>( <i>Oo</i> ) | NO<br>( <i>Hindi</i> ) |
|---|---|----------------------|------------------------|
| 1. Are you experiencing currently or within the last 14 days:<br><br>( <i>Nakakaranas ka ba sa kasalukuyan o sa huling 14 na araw</i> )   | a. Sore throat ( <i>Pananakit ng lalamunan/masakit lumunok</i> )          |                      |                        |
|   | b. Shortness of Breath ( <i>Hirap sa paghinga</i> )                       |                      |                        |
|   | c. Body pains ( <i>Pananakit ng katawan</i> )                             |                      |                        |
|   | d. Headache ( <i>Pananakit ng ulo</i> )                                   |                      |                        |
|   | e. Fever for the past few days ( <i>Lagnat sa mga nakalipas na araw</i> ) |                      |                        |
|   | f. Loss of taste or smell ( <i>Pagkawala ng panlasa o pang-amoy</i> )     |                      |                        |
|   | g. Cough and/or cold ( <i>Ubo at/o sipon</i> )                            |                      |                        |
|   | h. Diarrhea ( <i>Pagtatae</i> )   |                      |                        |
| 2. Have you worked together or stayed in the same household/ close environment with a confirmed COVID-19 case?<br>( <i>May nakasama ka ba or nakatrabahong tao na kumpimadong COVID-19 case/may impeksyon ng COVID-19?</i> )  |   |                      |                        |
| 3. Are you living with a household member who is currently waiting for results of his/her swab test/ COVID-19 test?<br>( <i>Ikaw ba ay may kasama sa bahay na nag-aantay ng resulta ng swab test/ COVID-19 test?</i> )  |   |                      |                        |
| 4. Have you had any contact with anyone or living with household member with fever, cough, colds, sore throat, loss of taste or smell in the past 2 weeks?<br>( <i>Mayroon ka bang nakasama na may lagnat, ubo, sipon o sakit ng lalamunan sa nakalipas ng dalawang (2) linggo?</i> ) |   |                      |                        |
| 5. Have you travelled outside of the Philippines in the last 14 days?<br>( <i>Ikaw ba ay nagbiyahe sa labas ng Pilipinas sa nakalipas na 14 na araw?</i> )  |   |                      |                        |

I declare under oath that I personally accomplished this Health Declaration form. Further, I declare that the information given are true, correct, and complete statements pursuant to the provisions of pertinent laws, rules, and regulations of the Republic of the Philippines.

I hereby authorize the **CIVIL SERVICE COMMISSION (CSC)**, to collect and process the data indicated herein for 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, as amended by RA 11494, to provide truthful information. Further, I understand that any false information may have serious public health implications and may be subjected to legal consequences. Finally, I understand that, in case I would test positive for COVID-19 within 14 days after the exam day, the CSC shall, upon request of the LGU/Barangay concerned, provide my necessary/pertinent information for contact tracing.

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