

CITY OF MATI HEALTH DECLARATION



☐ Business	□ Work I	☐ Leisure ☐	Visit Family		
Ва	, , , , , , , , , , , , , , , , , , , 				
	Are you exhibiting any of the following in the				
	(Ubo/Sipon)	(Kalintura)	Travelled to High Risk Area		
	□Yes □No	□Yes □No	□Yes □No		
	□Yes □No	□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
mber:					
Where to stay in Mati?:					
If staying in boarding house or		Name			
Family members, pls indicate name of		Address/ Contact Number			
owner, address and contact number					
Data Privacy Notice: The City of Mati – LGU in line with Republic Act 10173 or the Data Privacy Act of 2012, is committed to protect and secure personal information obtained in the performance of its duties. The establishment collects the following personal information relevant in the advancement of protocols and precautionary measures against COVID-19 Acute Respiratory Disease. The collected personal information will be kept/stored and accessed only by authorized personnel and will not be shared with any outside parties unless the disclosure is required by, or in compliance with applicable laws and regulations Declaration and Data Privacy Consent Form: I knowingly and voluntarily agree to the terms of this binding Declaration, and in doing so represent the truthfulness and veracity of the above answers. I understand that failure to answer any question or giving false answer can be penalized in accordance with the law. Relative thereto, I voluntarily and freely consent to the processing and collection of personal data only in relation to COVID-19 internal protocols.					
AND SIGNATURE		DATE			
	mber: : Duse or dicate name of itact number Mati – LGU in line with Re obtained in the perform ement of protocols and in will be kept/stored and re is required by, or in co nsent Form: on the terms of this binding that failure to answer any and freely consent to the	Barangay City / Mc Are you exhibit last 10 days: Cough/Colds (Ubo/Sipon) Yes No Yes No Yes No Yes No Yes No Address/ Contained in the performance of its duties. The ement of protocols and precautionary measures will be kept/stored and accessed only by author re is required by, or in compliance with applicable mat failure to answer any question or giving false and freely consent to the processing and collection	Barangay City / Municipality Proving Are you exhibiting any of the foliast 10 days: Cough/Colds Fever (Ubo/Sipon) (Kalintura)		



CITY OF MATI HEALTH DECLARATION



Date of Entry to Mati:					
Name:					
Contact Number:					
Purpose of Stay:	☐ Business	☐ Work	□ Leisure □	Visit Family	
Length of Stay:					
Place of Origin:					
	Вс	Barangay City / Municipality Province			
Companions:		Are you exhibiting any of the following in the last 10 days:			
		Cough/Colds (Ubo/Sipon)	Fever (Kalintura)	Travelled to High Risk Area	
		□Yes □No	□Yes □No	□Yes □No	
		□Yes □No	□Yes □No	□Yes □No	
		□Yes □No	□Yes □No	□Yes □No	
		□Yes □No	□Yes □No	□Yes □No	
		□Yes □No	□Yes □No	□Yes □No	
Vehicle type & Plate nu	mber:				
Where to stay in Mati? :					
If staying in boarding house or		Name			
Family members, pls indicate name of owner, address and contact number		Address/ Contact Number			
<u>Data Privacy Notice</u> : The City of Mand secure personal information information relevant in the advance The collected personal informatior outside parties unless the disclosu <u>Declaration and Data Privacy Collegistary</u> I knowingly and voluntarily agree the above answers. I understand the law. Relative thereto, I voluntarily a internal protocols.	obtained in the perform ement of protocols and in will be kept/stored and re is required by, or in co- topic to the terms of this binding that failure to answer any	nance of its duties. The precautionary measures accessed only by author mpliance with applicable g Declaration, and in do question or giving false a	establishment collects against COVID-19 Acu rized personnel and will laws and regulations ing so represent the trut answer can be penalized	the following personal te Respiratory Disease not be shared with any hfulness and veracity of d in accordance with the	
NAMI	E AND SIGNATURE		DATE		