



CITY OF MATI
HEALTH DECLARATION



Date of Entry to Mati:			
Name:			
Contact Number:			
Purpose of Stay:	<input type="checkbox"/> Business <input type="checkbox"/> Work <input type="checkbox"/> Leisure <input type="checkbox"/> Visit Family		
Length of Stay:			
Place of Origin:			
	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
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle type & Plate number:			
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		
<p>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</p> <p>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.</p>			
NAME AND SIGNATURE		DATE	



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