

Health and Travel History Declaration Form**Temperature:**Name: Sex: Age: Residence: Nature of Visit: Official: ☐Please check one Personal: ☐ If official, fill-in company details belowCompany Name: Company Address:

| | | Yes | No |
|--|---|--------------------------|--------------------------|
| 1. Are you experiencing: (nakakaranas ka ba ng:) | a. Sore throat (panakit ng lalamunan / masakit lumunok) | <input type="checkbox"/> | <input type="checkbox"/> |
| | b. Body pains (panakit ng katawan) | <input type="checkbox"/> | <input type="checkbox"/> |
| | c. Headache (panakit ng ulo) | <input type="checkbox"/> | <input type="checkbox"/> |
| | d. Fever for the past few days (Lagnat sa nakalipas na mga araw) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you worked together or stayed in the same close environment of a confirmed COVID-19 case? (May nakasama ka ba o nakatrabahong tao na kumpirmadong may COVID-19 / may impeksyon ng coronavirus?) | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you had any contact with anyone with fever, cough, colds, and sore throat in the past 2 weeks? (Mayroon ka bang nakasama na may lagnat, ubo, sipon o sakit ng lalamunan sa nakalipas ng dalawang (2) lingo?) | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you travelled outside of the Philippines in the last 14 days? (Ikaw ba ay nagbyahe sa labas ng Pilipinas sa nakalipas na 14 na araw?) | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you travelled to any area in NCR aside from your home? (Ikaw ba ay nagpunta sa iba pang parte ng NCR o Metro Manila bukod sa iyong bahay?) Specify (Sabihin kung saan): <input type="text"/> | | <input type="checkbox"/> | <input type="checkbox"/> |

I hereby authorize **Air Residences** 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, to provide truthful information.

Signature: Date: