

Health Checklist

Temperature

Name: Sex: Age:

Residence:

Nature of Visit: Official: ☐ If official, fill-in company details below

Please check one Personal: ☐

Company Name:

Company Address:

1. Are you experiencing: (nakakaranas ka ba ng:)	a. Sore throat (pananakit ng lalamunan / masakit lumunok)	Yes	No
	b. Body pains (pananakit ng katawan)	<input type="checkbox"/>	<input type="checkbox"/>
	c. Headache (pananakit 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"/>
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"/>
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 na dalawang (2) lingo?)		<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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="checkbox"/>	<input type="checkbox"/>

I hereby authorize EHM Dental Clinic 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: