



HEALTH SYMPTOMS QUESTIONNAIRE

Please fill up the form below in compliance with DTI and DOLE Interim Guidelines on Workplace Prevention and Control of COVID-19. Your cooperation is greatly appreciated.

Name: _____ **Sex:** _____ **Age:** _____

Residence: _____

Temperature: _____ **Time:** _____

Nature of Visit (Please check one. If Official, fill in company details below)

Personal

Official

Company Name: _____

Company Address: _____

		YES	NO
1. Are you experiencing: Nakararanas ka ba ng:	Sore Throat <i>(Pannakit ng lalamunan/ Masakit lumunok)</i>		
	Body Pains <i>(Pananakit ng katawan)</i>		
	Head ache <i>(Pananakit ng ulo)</i>		
	Fever for the past few days <i>(Lagnat na nakalipas ng ilang mga araw)</i>		
2. Have you worked together or stayed in the same close environment of a confirmed COVID-19 case? <i>May nakasama ka ba o nakatrabahong tao na kumpirmadong may COVID-19 o may impeksyon ng coronavirus?</i>			
3. Have you had any contact with anyone with fever, cough, colds sore throat in the past 2 weeks? <i>(Nakipagugnayan ka ba sa isang taong may lagnat, ubo, sipon or pananakit ng lalamunan sa loob ng nakaraang dalawang linggo?)</i>			
4. Have you travelled outside of the philippines in the last 14 days? <i>Ikaw ba at bumyahe sa labas ng Pilipinas sa nakalipas na 14 na araw?</i>			
5. Have you ever travelled to any area in NCR aside from your home? <i>Ikaw ba ay bumyahe sa NCR maliban sa iyong bahay?</i>			
If YES, Please specify where: _____			

NOTE:

I hereby grant my express, unconditional, voluntary and informed consent to and hereby authorize One E-com Center to collect my personal and health information for the purpose of profiling. I hereby knowingly and voluntarily acknowledge and confirm that I have been duly informed on my rights under the law with respect to my personal and health information. I hereby confirm that I have executed the same of my own volition and free will.

Signature on top of Printed Name