

#SAFETYFIRST TOURISM

HEALTH DECLARATION FORM

IMPORTANT REMINDER: Kindly complete this health declaration form honestly. Failure to answer or giving false information is punishable in accordance with Philippine laws.

PERSONAL INFORMATION:

Name:			
	(Last)	(First)	(M.I.)
Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth: (dd/mm/yy)
Civil Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Others, pls. specify: _____
Occupation:			Tel. /Mobile No.
Email:			Address in the Philippines

TRAVEL HISTORY:

Arrival Date:		Port of Origin:	
Flight No:		Seat No.:	
Countries visited for the past fourteen (14) days:	1)		
	2)		
	3)		
Cities / municipalities in the Philippines visited for the past fourteen (14) days:	1)		
	2)		
	3)		

PLEASE CHECK IF YOU HAVE ANY OF THE FOLLOWING AT PRESENT OR DURING THE PAST FOURTEEN (14) DAYS:

<input type="checkbox"/> Fever	<input type="checkbox"/> Cough	<input type="checkbox"/> Unexplained Bruising or Bleeding
<input type="checkbox"/> Headache	<input type="checkbox"/> Difficulty of Breathing	
<input type="checkbox"/> Sore Throat	<input type="checkbox"/> Body Weakness	<input type="checkbox"/> Severe Diarrhea
<input type="checkbox"/> Others (Specify): _____		

HEALTH AND SAFETY- RELATED QUESTIONS	Yes	No
1) Did you visit any hospital, clinic, or nursing home in the past fourteen (14) days?		
2) Have you been in contact with a suspected or confirmed SARS – COV (COVID-19) patient for the past fourteen (14) days?		
3) Do you have any household member/s, or close friend/s who have met a person currently having fever, cough and/or respiratory problems?		
4) Have you undertaken any CoVID Test?		
If YES , kindly provide the following information: Type of CoVID Test: <input type="checkbox"/> RT-PCR <input type="checkbox"/> Rapid Antibody Test <input type="checkbox"/> Others, please specify: _____ Date of CoVID Testing: _____ Result: _____		

Data Privacy Notice: The. (name of establishment), 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.

Name and Signature

Date