

## HEALTH DECLARATION

**Body Temperature:** \_\_\_\_\_  
(Instruction to leave blank as temp will be supplied on the day of exam after scanning)

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Residence: \_\_\_\_\_

Contact Number/s: \_\_\_\_\_

	Symptoms ( <i>Mga sintomas</i> )	YES ( <i>Oo</i> )	NO ( <i>Hindi</i> )
1. Are you currently experiencing symptoms, or have experienced, within the last 14 days:  ( <i>Kasalukuyan ka bang nakakaranas ng sintomas o nakaranas sa huling 14 na araw</i> )	a. Sore throat ( <i>Pananakit ng lalamunan/masakit lumunok</i> )		
	b. Shortness of Breath ( <i>Hirap sa paghinga</i> )		
	c. Body pains ( <i>Pananakit ng katawan</i> )		
	d. Headache ( <i>Pananakit ng ulo</i> )		
	e. Fever for the past few days ( <i>Lagnat sa mga nakalipas na araw</i> )		
	f. Loss of taste or smell ( <i>Pagkawala ng panlasa o pang-amoy</i> )		
	g. Cough and/or cold ( <i>Ubo at/o sipon</i> )		
	h. Diarrhea ( <i>Pagtatae</i> )		
2. Have you worked together or stayed in the same household/ close environment with a confirmed COVID-19 case? ( <i>May nakasama ka ba or nakatrabahong tao na kumpimadong COVID-19 case/may impeksyon ng COVID-19?</i> )			
3. Are you living with a household member who is currently waiting for results of his/her swab test/ COVID-19 test? ( <i>Ikaw ba ay may kasama sa bahay na nag-aantay ng resulta ng swab test/ COVID-19 test?</i> )			
4. Have you had any contact with anyone or living with household member with fever, cough, colds, sore throat, loss of taste or smell in the past 2 weeks? ( <i>Mayroon ka bang nakasama na may lagnat, ubo, sipon o sakit ng lalamunan sa nakalipas ng dalawang (2) linggo?</i> )			
5. Have you travelled outside of the Philippines within the last 14 days? ( <i>Ikaw ba ay nagbiyahe sa labas ng Pilipinas sa nakalipas na 14 na araw?</i> )			

I declare under oath that I personally accomplished this Health Declaration form. Further, I declare that the information given are true, correct, and complete statements pursuant to the provisions of pertinent laws, rules, and regulations of the Republic of the Philippines.

I hereby authorize the **CIVIL SERVICE COMMISSION (CSC)**, 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 No. 11469, *Bayanihan to Heal as One Act*, as amended by RA 11494, to provide truthful information. Further, I understand that any false information may have serious public health implications and may be subjected to legal consequences. Finally, I understand that, in case I would test positive for COVID-19 within 14 days after the exam day, the CSC shall, upon request of the LGU/Barangay concerned, provide my necessary/pertinent information for contact tracing.

Signature: \_\_\_\_\_