

# Health Checklist

Temperature: \_\_\_\_\_

✓ Name: \_\_\_\_\_ ✓ Gender: \_\_\_\_\_ ✓ Age: \_\_\_\_\_

✓ Residence: \_\_\_\_\_

✓ Nature of Visit:            Medical:   
*Please check one*            Personal:   
    Official:

**If official, fill-in company details below**

Company Name: \_\_\_\_\_

Company

Address: \_\_\_\_\_

	Yes	No	
✓ 1. Are you experiencing: (nakakaranas ka ba ng:)	a. Sore throat (pananakit ng lalamunan / masakit lumunok)	<input type="checkbox"/>	<input type="checkbox"/>
	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"/>
✓ 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="checkbox"/>	<input type="checkbox"/>	

I hereby authorize NATIONWIDE HEALTH SYSTEMS BAGUIO, INC., 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: \_\_\_\_\_