

Nationwide Health Systems Davao Inc.

Health Checklist (DTI)

*** All visitors shall accomplish the visitor's checklist**

Temperature:

Name: _____ Sex: _____ Age: _____

Residence: _____ **Temperature:** _____

Name of the Visit: Official:

Personal:

If official, fill-in company details below

Company Name: _____

Company Address: _____

		YES	NO
1. Are you experiencing: nakakaranas ka ba ng:)	a. Sore Throat <i>(pananakit ng lalamunan / masakit lumonok lumunok)</i>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Body pains <i>(pananakit ng katawan)</i>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Headache <i>(pananakit ng ulo)</i>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Fever for the past few days <i>(Lagnat sa nakalipas na mga araw)</i>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Other Symptoms <i>(Diarrhea, Loss of smell, loss of taste, colds or not feeling well)</i>	<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?)		<input type="checkbox"/>	<input type="checkbox"/>
3. Have you had any contact with anyone with fever, cough, colds, and sorethroat in the past 2 weeks? (Mayroon ka bang nakasama na may lagnat, 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 Davao 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: _____