

HEALTH DECLARATION FORM

Name: _____ Sex: _____ Age: _____

Address: _____

Contact Number: _____

Purpose of Visit: _____

		Yes	No
1. Are you experiencing (<i>nakakaranas ka ba ng:</i>)	a. Sore throat (<i>pananakit ng lalamunan / masakit lumunok</i>)		
	b. Body pains (<i>pananakit ng katawan</i>)		
	c. Headache (<i>pananakit ng ulo</i>)		
	d. Fever for the past few days (<i>lagnat sa mga nakalipas na 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 or nakatrabahong tao na kumpirmadong may COVID-19 / may impeksyon ng coronavirus?</i>)			
3. Have you had any contact with anyone with fever, cough, colds, and sore throat in the past 2 weeks? (<i>Mayroon ka bang nakasama na may lagnat, ubo, sipon o sakit ng lalamunan sa nakalipas na dalawang (2) linggo?</i>)			
4. Have you travelled outside of Canada in the last 14 days? (<i>Ikaw ba ay nagbyahe sa labas ng Canada sa nakalipas na 14 araw?</i>) If yes, please provide the following information (<i>ibigay ang hinihinging detalye</i>): <ul style="list-style-type: none">• <i>Name of the place/s visited (Lugar na pinuntahan):</i> _____• <i>Dates of Travel (Kelan nagbyahe):</i> _____			

I hereby authorize the Philippine Consulate General in Vancouver to collect and process the data indicated herein for the purpose of effecting control of the COVID-19 infection. I confirm that the information above is accurate.

Signature: _____ Date: _____