

Annex G:

SAMPLE HEALTH FORM

I, _____, declare that my entire household was not considered a close contact, suspect, probable, or confirmed COVID-19 case the past 14 days. Further, we do not experience any symptoms related to COVID-19 such as:

- | | |
|----------------------------|---------------------------|
| a. Fever | f. Fatigue/ Tiredness |
| b. Cough and colds | g. Headache |
| c. Difficulty of breathing | h. Loss of taste or smell |
| d. Sore throat | i. Body pains |
| e. Diarrhea | |

I hereby certify that the information given is true, correct and complete. I understand that any falsified response may have serious consequences. I understand that my personal information is protected by RA 10173 or the Data Privacy Act of 2012 and that this form will be destroyed after 20 days from the date of accomplishment, following the National Archives of the Philippines protocol.

Name and Signature

Date

*Per DOH DM 2020-0512, testing is performed when there is a particular reason to suspect that an individual may be infected after symptoms-based screening