

INDIVIDUAL DECLARATION FORM

CORONAVIRUS DISEASE 2019 (COVID-2019) Screening

PERSONAL DETAILS			
1.	<i>Below personal details are required in the event of an outbreak or to enable the company to trace a possible infection:</i>		
	Name:		
	Nationality		
	Date of Birth		
	Body temperature:	YES	NO
	<i>Body temperature to be taken at check-in. The temperature was over 38 degrees Celsius</i>		

RISK GROUP			
2.	<i>Have you in the past 14 days:</i>	YES	NO
	<i>had close contact with a person known to have the corona virus disease (COVID-19)</i>		
	<i>Have you ever been admitted to or visited a hospital in the past one month?</i>		

SYMPTOMS			
3.	<i>Do you have had any of the below symptoms within the last 7 days:</i>	YES	NO
	<i>Fever, dry cough, tiredness</i>		
	<i>Aches and pains, sore throat, diarrhoea, conjunctivitis Headache, loss of taste or smell a rash on skin, or discolouration of fingers or toes</i>		
	<i>Difficulty breathing or shortness of breath, chest pain or pressure, loss of speech or movement.</i>		

Declaration:

I declare the entire above true and correct. All information declared above shall be used by the **MAKATI HEALTH DEPARTMENT** only for purposes of assessment, evaluation, containment and the like related to the COVID-19. I understand that the **BUILDING ADMINISTRATION** is implementing measures to ensure that all information provided above is properly protected and will be shared only to stakeholders within and outside the Philippines who have legitimate business purpose to collect, handle and/or process the same, including but not limited to authorized government agencies, if needed. By providing information above. I consent to the collection, transfer, and use thereof by _____ and any resulting cross-border transfers thereto in accordance with _____ and the applicable data privacy laws. Transfer of data, whether locally or globally, shall be done with utmost care and only with appropriate safeguards.

Signature

Date