



**OUTPATIENT DEPARTMENT  
COVID-19 HEALTH DECLARATION FORM**

For the safety of our patients and healthcare workers, please accomplish attached COVID-19 Health Declaration Form

PATIENT / COMPANION NAME:			BIRTHDATE	GENDER ( ) MALE ( ) FEMALE	AGE
LAST NAME	GIVEN NAME	MIDDLE NAME			
ADDRESS:			CONTACT NO.	DATE AND TIME:	

REPUBLIC ACT NO. 11332. Mandatory reporting of Notifiable Disease and Health Events of Public Health Concern Act.

Its requires the patient to provide **truthful information** about one's health condition and possible exposure.

Violation of this act shall be **PENALIZED** with a fine of not less the Php 20,000.00 but not more than Php 50,000.00 or imprisonment of not less than (1) month but not more than six (6) months, or both such fine and imprisonment, at the discretion of the proper court.

**PART I. SIGNS AND SYMPTOMS**

Have you experience any of the following in the past 14 days? (Please check the corresponding box)

SYMPTOMS	YES	NO	SYMPTOMS	YES	NO
1. Fever (Lagnat)			8. Loss of appetite (Walang ganang kumin)		
2. Cough (Ubo)			9. Decreased sense of smell and/or taste (pagkawala ng pang amoy o panglasa)		
3. Colds (Sipon)			10. Body weakness / body aches (panghihina at pagsakit ng katawan)		
4. Sore Throat (Masakit na lalamunan)			11. Difficulty of breathing (hirap sa paghinga)		
5. Headache (Maskit ang ulo)			12. Skin rash (pangangati at pamumula ng balat)		
6. Fatigue (Madali mapagod)					
7. Diarrhea (Pagtatae)					

**PART II. TRAVEL AND EXPOSURE HISTORY**

QUESTIONNAIRES	YES	NO
1. Have you or any member of your household travelled out of the country since January 2020? (Ikaw ba o ang ibang miyembro ng iyong pamilya ay lumabas ng bansa simula noong Enero 2020?)		
2. Have you or any member of your household have a travel history to a COVID-19 infected area? (Ikaw ba ay may nakasalamuha o nakasamang pasyente na may COVID-19?)		
3. Do you have direct contact or is taking care of a suspect/confirmed case of COVID-19 patient? (Ikaw ba ay may nakasalamuha o nakasamang pasyente na may COVID-19?)		
4. Have you or any member of your household been tested for COVID-19? (Ikaw ba o ang ibang miyembro ng iyong pamilya ay nasuri o dumaan sa COVID-19 test?) If yes, what is the result? (Kung oo, ano ang resulta ng pagsusuri?)		

**PART III. MEDICATIONS**

Please enumerate current medicine you are taking \_\_\_\_\_

**PART IV. PATIENT / COMPANION / DESIGNATED REPRESENTATIVE CONSENT:**

In accordance with R.A. No. 11332, we certify that the above declaration is TRUE and CORRECT. We understand that any dishonest answer(s) may have serious public health implications and may be subjected to penalties.

\_\_\_\_\_  
PATIENT'S Printed Name and Signature / Date and Time

\_\_\_\_\_  
COMPANION'S Printed Name and Signature / Date and Time