



Republic of the Philippines
Department of Education
DIVISION OF PASIG CITY
PASIG CITY SCIENCE HIGH SCHOOL
F. Legaspi St., Rainforest Park, Maybunga, Pasig City

HEALTH DECLARATION FORM

In our effort to prevent the spread of Covid – 19, every person who enters this building is required to fill in this questionnaire. This is a precautionary measure to reduce the risk of exposure to all students, staff and other visitors.

Thank you for your cooperation.

Full Name: _____ Mobile No.: _____
Address: _____ Gender: Male _____ Female _____

HEALTH CONDITIONS

1. Ikaw ba ay nakasalamuha ng taong nagkaroon ng Covid – 19 sa nakalipas na dalawang linggo?
Yes _____ No _____
2. Ikaw ba ay nakaramdam ng mga sumusunod?
_____ Lagnat/Fever
_____ Hirap sa paghinga/Shortness of breath
_____ Ubo/Cough
_____ Pananakit ng lalamunan/Sore Throat
_____ Pagtatae/Diarrhea
_____ I have none of these symptoms

By completing this questionnaire, I have given permission to provide my personal data to Pasig City Science High School for processing in relation to Covid – 19 screening and contact tracing during this pandemic.

Signature Over Printed Name