

(Revised, May 2022)

HEALTH DECLARATION

Body Temperature: _____

(Instruction to leave blank as temp will be supplied on the day of exam after scanning)

Date: _____

Full Name: _____ Sex: _____ Age: _____

Residence: _____

Contact Number/s: _____

Are you currently experiencing symptoms, or have experienced, within the last 14 days: <i>(Kasalukuyan ka bang nakakaranas ng sintomas o nakaranas sa huling 14 na araw)</i>	Symptoms (<i>Mga sintomas</i>)	YES (<i>Oo</i>)	NO (<i>Hindi</i>)
	a. Sore throat (<i>Pananakit ng lalamunan/masakit lumunok</i>)		
	b. Shortness of Breath (<i>Hirap sa paghinga</i>)		
	c. Body pains (<i>Pananakit ng katawan</i>)		
	d. Headache (<i>Pananakit ng ulo</i>)		
	e. Fever for the past few days (<i>Lagnat sa mga nakalipas na araw</i>)		
	f. Loss of taste or smell (<i>Pagkawala ng panlasa o pang-amoy</i>)		
	g. Cough and/or cold (<i>Ubo at/o sipon</i>)		
	h. Diarrhea (<i>Pagtatae</i>)		

I declare under oath that I personally accomplished this Health Declaration form. Further, I declare that the information given are true, correct, and complete statements pursuant to the provisions of pertinent laws, rules, and regulations of the Republic of the Philippines.

I hereby authorize the **CIVIL SERVICE COMMISSION (CSC)**, to collect and process the data indicated herein for the purpose of effecting control of the COVID-19 infection. I understand that my personal information is protected by RA 10173, Data Privacy Act of 2012, and that I am required by RA No. 11469, *Bayanihan to Heal as One Act*, as amended by RA 11494, to provide truthful information. Further, I understand that any false information may have serious public health implications and may be subjected to legal consequences. Finally, I understand that, in case I would test positive for COVID-19 within 14 days after the exam day, the CSC shall, upon request of the LGU/Barangay concerned, provide my necessary/pertinent information for contact tracing.

Signature: _____