



Republic of the Philippines  
**Department of Education**  
 REGION III

**SCHOOLS DIVISION OF SAN JOSE DEL MONTE CITY**

Enclosure No. 2 to Division Memo No. \_\_\_\_\_ s, 2020

**HEALTH DECLARATION FORM**

The SDO San Jose del Monte is taking all the precautionary measures against the spread of the COVID-19 infection in the country.

You are kindly requested to truthfully declare your health status for the COVID-19 Infection Prevention and Control.

**General Data**

Name			
	Last name	First Name	Middle Initial
Age		Sex	
Civil Status		Nationality	
Address			
Contact Number		Email address	
Department/Unit		Position	

**COVID- 19 DATA**

1.Cities in the Philippines you have visited in the past 14 days?		
2.Countries you have visited in the past 14 days? Departure?		
3. Have you had any of the following symptoms over the past 14 days? Please tick if yes.	a.cough ( ) b.colds ( ) c.fever ( ) d. weakness ( ) e diarrhea	g. breathing difficulty ( ) h. other symptoms, pls. specify: _____
4. Have you been in close contact with person who was considered probable/suspect/confirmed COVID-19 case?	Yes ( )	No ( )
5. Have you been diagnosed with the following disorders? Please tick if you have any of the following diseases:	a. Hypertension ( ) b. Diabetes mellitus ( ) c Coronary Heart Disease ( ) d. Cancer ( ) e. Autoimmune Disease ( ) f Kidney disease ( ) g. Bronchial Asthma ( )	
6. Have you undergone chemo/radio therapy lately?	Yes ( )	No ( )

**DECLARATON AND DATA PRIVACY CONCENT FORM:**

The information I have given is true, correct and complete. I understand that failure to answer any question or giving false answer can be penalized accordance with law.

I voluntary and freely consent to the collection and sharing of the above information only in relation to SDO SJDM COVID-19 protocol.

Name and Signature : \_\_\_\_\_ Date: \_\_\_\_\_



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