(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 (Mga sintomas)		YES (Oo)	NO (Hindi)
	a. Sore throat (Pananakit ng lalamunan/masakit lumunok)			
	b. Shortness of	f Breath		

bang nakakaranas ng sintomas o nakaranas sa huling 14 na araw)

the last 14 days:

(Kasalukuvan ka

symptoms, or have (Hirap sa paghinga) experienced, within c. Body pains (*Pananakit ng katawan*) d. Headache (Pananakit ng ulo) e. Fever for the past few days (Lagnat sa mga nakalipas na araw) f. Loss of taste or smell (Pagkawala ng panlasa o pang-amoy) g. Cough and/or cold (*Ubo at/o sipon*) h. Diarrhea (Pagtatae)

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:	
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