



# TERRAZAS DE PUNTA FUEGO VILLAGE HOMEOWNERS' ASSOCIATION, INC.

Mobile No: \_\_\_\_\_

Temperature: \_\_\_\_\_

## Health Checklist

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Residence: \_\_\_\_\_

Nature of Visit: \_\_\_\_\_ Official:  If official, Fill-in Company details below  
Please check one Personal:

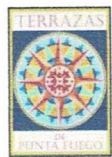
Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

|  |   | Yes                      | No                       |
|--|---|--------------------------|--------------------------|
| 1. Are you experiencing :<br>(nakakaranas ka ba ng:)   | a. Sore throat (pananakit ng lalamunan / masakit lumunok)       | <input type="checkbox"/> | <input type="checkbox"/> |
|  | b. Body pains ( pananakit ng katawan)                           | <input type="checkbox"/> | <input type="checkbox"/> |
|  | c. Headache (pananakit ng ulo)                                  | <input type="checkbox"/> | <input type="checkbox"/> |
|  | d. Fever for the past few days (Lagnat sa nakalipas na mga araw | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you worked together or stayed in the same close environment of a confirmed COVID-19 case? (May nakasama ka ba o nakatrabahong tao na kumpirmadong may COVID-19 / may impeksyon ng coronavirus?)                |   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you had any contacts with anyone with fever, cough, colds, and sore throat in the past 2 weeks? ( Mayroon ka bang nakasama na may kagnat, ubo, sipon o sakit ng lalamunan sa nakalipas ng dalawang (2) lingo?) |   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you travelled outside of the Philippines in the last 14 days? (Ikaw ba ay nagbyahe sa labas ng Pilipinas sa nakalipas na 14 na araw?)  |   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you travelled to any area in Batangas aside from your home? (Ikaw ba nay nagpunta sa iba pang parte Batangas bukod sa inyong bahay?)<br>Specify ( Sabihin kung saan): _____                                    |   | <input type="checkbox"/> | <input type="checkbox"/> |

I hereby authorize Terrazas de Punta Fuego VHAI, to collect and process the data indicated herein for the purpose of effecting control of the COVID-a9 infection. I understand that my personal information is protected by RA 10173, data Privacy Act of 2012, and that I am required by RA 11469, Bayanihan to Heal As One Act, to provide truthful information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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