



Republic of the Philippines COMMISSION ON ELECTIONS



HEALTH DECLARATION FORM

Full Name (Buong Pangalan) :	Date (Petsa) (MM/DD/YY) :
	Time (Oras) :
Complete Current Address (Kasalukuyang tirahan) :	
Mobile/Phone Number (Numero ng telepono) :	
Email Address :	

Put a check mark on the appropriate column of your response. (**Lagyan ng tsek sa angkop na sagot.**)

	Yes (Oo)	No (Hindi)
1. Are you experiencing or did you have any of the following in the last 14 days? (Ikaw ba ay may nararanasan o nakaranas ng mga sumusunod na sintomas sa nakaraang 14 na araw?)	a. Fever (Lagnat)	
	b. Cough and/or Colds (Ubo at/o Sipon)	
	c. Body pains (Pananakit ng katawan)	
	d. Sore Throat (Pananakit o pamamaga ng lalamunan)	
	e. Fatigue/Tiredness (Pagkapagod)	
	f. Headache (Pananakit ng ulo)	
	g. Diarrhea (Pagtatae)	
	h. Loss of taste or smell (Nawalan ng panlasa o pang-amoy)	
	i. Difficulty of breathing (Pagkahapo o hirap sa pag hinga)	
2. Have you had face-to-face contact with a probable or confirmed COVID-19 case within 1 meter and for more than 15 minutes for the past 14 days? (May nakasalamuha ka ba na maaaring o kumpirmadong pasyente na may COVID-19 mula sa isang metrong distansya or mas malapit pa at tumagal ng mahigit 15 minuto sa nakalipas na 14 araw?)		
3. Have you provided direct care for a patient with probable or confirmed COVID-19 case without using proper "Personal Protective Equipment (PPE)" for the past 14 days? (Nag-alaga ka ba ng maaring o kumpirmadong pasyente na may COVID-19 ng hindi nakasuot ng tamang PPE (Personal Protective Equipment) sa nakalipas na 14 araw?)		
4. Have you traveled outside the Philippines in the last 14 days? (Ikaw ba ay nagbiyahe sa labas ng Pilipinas sa nakalipas na 14 na araw?)		
5. Have you traveled outside the current city/municipality where you reside? (Ikaw ba ay nagbiyahe sa labas ng iyong lungsod/munisipyo?) If yes, specify which city/municipality you went to (Sabihin kung saan) : _____		

I hereby certify that the information given is true, correct and complete. I understand that failure to answer any question or any falsified response may have serious consequences. I understand that my personal information is protected by RA 10173 or the Data Privacy Act of 2012 and that this form will be destroyed after 20 days from the date of accomplishment, following the National Archives of the Philippines protocol.

Signature (**Lagda**) : _____