



STUDENTS HEALTH DECLARATION FORM

Date: _____

Name: _____

Grade & Section: _____

Temperature:

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Residence Address: _____

Barangay: _____

Parent/Guardian Mobile Number: _____

HEALTH MONITORING HISTORY		YES	NO
1. For the past 7 days, are you experiencing any COVID-19 signs and symptoms?	a.	Fever	
	b.	Body pains	
	c.	Colds	
	d.	Cough	
	e.	Sore throat	
2. Have you stayed stayed together in the same close environment of a confirmed COVID-19 case?			
3. Have you had any contact with anyone with fever, cough, colds and sore throat in the past 2 weeks?			
4. Have you travelled outside of the Philippines in the last 14 days?			
5. Do you have any comorbidities, immunodeficiency or other health risk?			

Note: If YES, St. Edward School shall request proper documentation or further interview by our clinic staff.

I hereby authorized St. Edward School to collect and process the data indicated herein for the purpose of effecting control of the COVID-19 infection. I understand that any personal information is protected by RA 10173 "Data Privacy Act of 2012" and that I am required by RA 11409 "Bayanihan to Heal as one Act" to provide truthful information

Signature