



Diocese of Novaliches

The Chancery, 2nd Floor, Good Shepherd Cathedral Parish Center

Regalado Avenue, Fairview, 1118 Quezon City

Telefax: (02) 461.5051; (02) 461.5074 Email: novaliches_diocese@yahoo.com

Parish: _____

All Church goers should accomplish this Health Checklist Form
Health Checklist

Temperature: _____

Name: _____ Sex: _____ Age: _____

Residence: _____

Nature of Visit:

(Please check one)

Organizational:

Personal/Private:

If Organizational, fill-in Organization details

Organization's Name: _____

Organization's Address: _____

1. Are you experiencing: (Nakakaranas ka ba ng:)	Yes	No
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 kasama 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 contact with anyone with fever, cough, colds, and sore throat in the past 2 weeks? (Mayroon ka bang nakasama na may lagnat, ubo, sipon, o sakit ng lalamunan sa nakalipas na 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 nag byahe sa labas ng Pilipinas sa nakalipas na 14 na araw?)	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you travelled to any area in NCR aside from your home? (Ikaw ba ay nagpunta sa iba pang parte ng NCR o Metro Manila bukod sa iyong bahay?) Specify (Sabihin kung saan): _____	<input type="checkbox"/>	<input type="checkbox"/>

I hereby authorize _____, 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 11469, Bayanihan to Heal as One Act, to provide truthful information.

Signature: _____ Date: _____