ST. PAUL'S HOSPITAL OF ILOILO, INC.
General Luna Street, Iloilo City 5000 Philippines
Tel. Nos. (033) 337 2741-49 Fax. No. (033) 338 0676
www.sphi.com.ph sphiloilo@gmail.com

HEALTH DECLARATION CHECKLIST

Date: _____ Time:_____

Name: _____

Age/Sex: _____ Nationality: _____

Address: _____

Contact No: _____

Patient Room # or MD Clinic #:_____

Purpose: _____

Temperature: _____

Please (✓) if you have any of the following signs and symptoms and (x) if none:

☐ Fever (above) 38C ☐ sore throat ☐ diarrhea

☐ Cough/ and or colds ☐ difficulty of breathing

☐ Other respiratory symptoms

Visited Country/ Areas in the Philippines in the past 14 days: ☐ **Yes:** _____ ☐**No:**

Have you been with a relative or close contact to Person who has travelled for the past 14 days?

☐ Yes: _____ ☐No:

Declaration:

I hereby certify that the information given is true, Correct and complete in pursuant to Article 171 and 172 of the Revised Penal Code of the Philippines on RA No. 11332, ***"An Act Providing Policies and Prescribing Procedures on Surveillance and Response to Notifiable Diseases, Epidemics, and Health Events of Public Health Concern"***

Conforme:

_____

Signature over Printed Name

ST. PAUL'S HOSPITAL OF ILOILO, INC.
General Luna Street, Iloilo City 5000 Philippines
Tel. Nos. (033) 337 2741-49 Fax. No. (033) 338 0676
www.sphi.com.ph sphiloilo@gmail.com

HEALTH DECLARATION CHECKLIST

Date: _____ Time:_____

Name: _____

Age/Sex: _____ Nationality: _____

Address: _____

Contact No: _____

Patient Room # or MD Clinic #:_____

Purpose: _____

Temperature: _____

Please (✓) if you have any of the following signs and symptoms and (x) if none:

☐ Fever (above) 38C ☐ sore throat ☐ diarrhea

☐ Cough/ and or colds ☐ difficulty of breathing

☐ Other respiratory symptoms

Visited Country/ Areas in the Philippines in the past 14 days: ☐ Yes: _____ ☐No:

Have you been with a relative or close contact to Person who has travelled for the past 14 days?

☐ Yes: _____ ☐No:

Declaration:

I hereby certify that the information given is true, Correct and complete in pursuant to Article 171 and 172 of the Revised Penal Code of the Philippines on RA No. 11332, *"An Act Providing Policies and Prescribing Procedures on Surveillance and Response to Notifiable Diseases, Epidemics, and Health Events of Public Health Concern"*

Conforme:

_____

Signature over Printed Name