



# ST. CLARE COLLEGE

HEALTH DECLARATION FORM			
<b>PERSONAL INFORMATION</b>			
LAST NAME	FIRST NAME	MIDDLE NAME	
<b>NATIONALITY</b> <input type="checkbox"/> FILIPINO <input type="checkbox"/> OTHERS: _____	AGE: _____ SEX: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE OCCUPATION: _____		
<b>CONTACT DETAILS</b>			
LANDLINE: _____		MOBILE NUMBER: _____	
RESIDENTIAL ADDRESS: _____			
Street Address	Barangay	City/Municipality	Province
<b>DESTINATION DETAILS</b>			
DATE OF VISIT: _____			
PURPOSE OF VISIT: _____			
PLACE OF DESTINATION: _____			
	Barangay	City/Municipality	Province
<b>VEHICLE DETAILS</b>			
TYPE OF VEHICLE: <input type="checkbox"/> BUS <input type="checkbox"/> TRUCK <input type="checkbox"/> PRIVATE VEHICLE <input type="checkbox"/> OTHERS: _____			
PLATE NUMBER: _____		SEAT NUMBER: _____	
<b>TRAVEL HISTORY</b>			
ANY FOREIGN COUNTRIES OR REGIONS YOU HAVE VISITED IN THE LAST 14 DAYS?			
<input type="checkbox"/> NONE <input type="checkbox"/> YES: _____			
<b>MEDICAL HISTORY</b>			
HAVE YOU BEEN SICK OF ANY OF THE FOLLOWING IN THE LAST 14 DAYS?			
<b>SIGNS AND SYMPTOMS</b>	<b>YES</b>	<b>NO</b>	<b>REMARKS</b>
1. FEVER			
2. COUGH			
3. SORE THROAT			
4. DIFFICULTY OF BREATHING			
5. DIARRHEA			

**Declaration:** I hereby certify that the above information is true and complete. I understand that my failure to answer, or any false or misleading information given by me may be used as a ground for the filing of cases against me under Articles 171 and 172 of the Revised Penal Code of the Philippines, or Republic Act No. 11332, otherwise known as the "Law on Reporting of Communicable Disease".

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME

\_\_\_\_\_  
DATE

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**TO BE FILLED UP BY PROPER AUTHORITIES:**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ ENTRY POINT: \_\_\_\_\_ VERIFIED BY: \_\_\_\_\_