ASIAN HOSPITAL AND MEDICAL CENTER
Global Expertise. Filipino Heart.

HEALTH DECLARATION FORM

Valid on day of consult only. Present this to the department you will visit.

You must provide **TRUTHFUL** information about YOUR health condition and possible exposure. Any falsification is PUNISHABLE with one to six months IMPRISONMENT and a 20,000 to 50,000 FINE (Republic Act 11332)**.**

Full Name: _____ Date Accomplished:_____

Contact Number: _____

Address: _____

Instruction: Please tick the appropriate response if YES or NO.

EXPOSURE WITHIN THE PAST 14 DAYS (from date of visit)	**YES**	**NO**
1. Did you have any *international or local travel* or are you residing in a place with reported increase of COVID-19 cases within the past 14 days?		
2. Did you have any direct exposure (within 2 meters and for more than 15 minutes without wearing medical mask/N95 respirator) with a person positive for COVID-19?		
3. Do you have a pending COVID-19 test result (RT-PCR or Rapid Antibody Test)?		
4. Have you been tested positive for COVID-19?		
SIGNS AND SYMPTOMS (during the date of visit)	YES	NO
5. Did you have any of the following signs and symptoms? Fever of more than 38°C Cough Colds Sore throat Difficulty of breathing, Shortness of breath Influenza-like symptoms (headache, muscle and joint pains, lack of smell or taste)		
6. Have your signs and symptoms not improved		

For any further inquiries, kindly call the extension number of the unit you intend to visit.

The undersigned declares that the information contained in this Health Declaration Form is true and that I am legally liable for any falsification contained therein.

Signature of Accomplisher

Updated: July 26, 2020