



## ALTERNATIVE LEARNING RESOURCE SCHOOL - PHILIPPINES

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### COVID-19 HEALTH SCREENING FORM

Temperature: \_\_\_\_\_

Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Residence: \_\_\_\_\_

Nature of visit      Official:       If Official, fill-in company details below  
(Please check one)      Personal:

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

		YES	NO
1. Are you experiencing: (nakakaranas ka ba ng:)	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 nakasama 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 at pananakit ng lalamunan sa nakalipas na dalawang (2) linggo?)		<input type="checkbox"/>	<input type="checkbox"/>
4. Have you travelled outside the Philippines in the last 14 days? (Ikaw ba ay nagbyahe 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 outside 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 ALRES-PHILS., 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: \_\_\_\_\_