

Republic of the Philippines DEPARTMENT OF EDUCATION Region X-Northern Mindanao Schools Division of Misamis Oriental District of Initao TAWANTAWAN INTEGRATED SCHOOL



VISITOR'S HEALTH DECLARATION FORM

Conta	t Number:			
			Yes	No
13	Are you experiencing any of the following sym a. FEVER	ptoms:		
	b. cough	3		
	c. COLDS			
	d. DIARRHEA			
	e. SORE THROAT	33		
	f. SHORTNESS OF BREATH			
2.	Close contact with COVID-19 case?			
Have you contact with COVID-19 suspect case?				
8,949	Have you any contact with anyone with fever, the last two weeks?			
5.	Have you travelled outside of the Philippines in Where:			
6.	Have you travelled to any area outside your po Where:			
	Date:			
for the	hereby authorize DepEd Misamis Oriental to or purpose of effecting control of the COVID-1 stion is protected by RA 10173, Data Privacy Anan to Heal as One Act, to provide truthful information	9 infection. I understand that act of 2012 that I am required by	my pe	rsona
Signature:		e:		Time
Purpos				

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H Kauffman

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