



Republic of the Philippines  
**House of Representatives**  
Quezon City, Metro Manila

**HEALTH DECLARATION FORM**

Full Name:			
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
Nationality:	Sex:	Age:	Contact Number:
Email Address:			
Address in the Philippines:			
Foreign countries you have worked, visited, transited in the past 14 days			
Cities in the Philippines you have worked, lived or transited in the past 14 days			
Have you been sick in the past 30 days? Hospital visited, if any?	<input type="checkbox"/> 'Yes', please describe condition: No		<input type="checkbox"/>
In the last 14 days, did you have any of the following: fever, colds, cough, sore throat, or difficulty in breathing?	<input type="checkbox"/> 'Yes', please specify: No		<input type="checkbox"/>
In the last 14 days, have you been in close contact with farm animals or exposed to wild animals?	<input type="checkbox"/> 'Yes', please describe circumstance: No		<input type="checkbox"/>

**Declaration and Data Privacy Consent Form:**

*The information I have given is true, correct, and complete. I understand that failure to answer any question or giving false answer can be penalized in accordance with law.*

*I voluntarily and freely consent to the collection and sharing of the above personal information only in relation to the HRep COVID-19 internal protocols.*

\_\_\_\_\_ Date: \_\_\_\_\_  
Name and Signature

*Please be advised that the above information shall only be used in relation to the HRep COVID-19 internal protocols in accordance with the Data Privacy Act. For any concerns, you may contact [secretary.general@house.gov.ph](mailto:secretary.general@house.gov.ph)*