



**Associated Marine Officers' and Seamen's  
Union of the Philippines PTGWO - ITF  
(An Affiliate of the International Transport  
Workers Federation London, UK)  
SEAMEN'S HOSPITAL  
Cabildo corner San Jose Sts., Intramuros, Manila  
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5273554**

## HEALTH DECLARATION FORM

As a result of COVID-19 Pandemic, AMOSUP Seamen's Hospital would like to ensure that the patients/customers and employees are safe from exposure to the disease. In line with this, we are requesting all patients, companions and visitors to complete this form.

**Temperature:** \_\_\_\_\_ **Time in:** \_\_\_\_\_

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

City of Residence: \_\_\_\_\_

Contact number: \_\_\_\_\_

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:<br>( <i>nakakaranas ka ba ng:</i> )  | a. Sore throat<br>( <i>pananakit ng lalamunan / masakit lumunok</i> )        | <input type="checkbox"/> | <input type="checkbox"/> |
|   | b. Body pains<br>( <i>pananakit ng katawan</i> )                             | <input type="checkbox"/> | <input type="checkbox"/> |
|   | c. Headache<br>( <i>pananakit ng ulo</i> )                                   | <input type="checkbox"/> | <input type="checkbox"/> |
|   | d. Fever for the past few days<br>( <i>Lagnat sa nakalipas na mga araw</i> ) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you worked together or stayed in the same close environment of a confirmed COVID-19 case? ( <i>May nakasama ka ba o nakatrabahong tao na kumpirmadong may COVID-19 / may impeksyon ng coronavirus?</i> )              |  | <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? ( <i>Mayroon ka bang nakasama na may lagnat, ubo, sipon o sakit ng lalamunan sa nakalipas ng dalawang (2) lingo?</i> ) |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you travelled outside of the Philippines in the last 14 days? ( <i>Ikaw ba ay nagbayhe sa labas ng Pilipinas sa nakalipas na 14 na araw?</i> )  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you travelled to any area in NCR aside from your home?<br>( <i>Ikaw ba ay nagpunta sa iba pang parte ng NCR o Metro Manila bukod sa iyong bahay?</i> ) Specify ( <i>Sabihin kung saan:</i> ) _____                    |  | <input type="checkbox"/> | <input type="checkbox"/> |

I hereby authorize the AMOSUP Seamen's Hospital, 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 and sensitive personal information are protected under the Data Privacy Act of 2012, and that non-cooperation to report notifiable diseases or health events of public concern is punishable under RA 11332.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_