

All visitors shall accomplish the visitor's checklist

Health Checklist

Temperature: _____

Name: _____ Sex: _____ Age: _____

Residence: _____ Contact No.: _____

Nature of Visit: Official:
Please check one Personal:

If official, fill-in company details below

Company Name: _____

Company _____

Address: _____

	Yes	No	
1. Are you experiencing: (<i>nakakaranas ka ba ng:</i>)			
	a. Sore throat (<i>pananakit ng lalamunan / masakit lumunok</i>)	<input type="checkbox"/>	<input type="checkbox"/>
	b. Body pains (<i>pananakit ng katawan</i>)	<input type="checkbox"/>	<input type="checkbox"/>
	c. Headache (<i>pananakit ng ulo</i>)	<input type="checkbox"/>	<input type="checkbox"/>
d. Fever for the past few days (<i>Lagnat sa nakalipas na mga araw</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
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 nagbyahe 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? (<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"/>	

For Drive-Thru Customers Only

Vehicle Plate Number: _____

I hereby authorize Lyceum of the Philippines University Cavite, 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 over Printed Name: _____

Date: _____