



## VISITOR'S CHECKLIST

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

Address: \_\_\_\_\_ Sex: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Age: \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

		YES	NO
1. Are you experiencing? (Nakakaranas ka ba ng: )	a. Sore throat ( <i>pananakit ng lalamunan / masakit lumunok</i> )		
	b. Body pains ( <i>pananakit ng katawan</i> )		
	c. Headache ( <i>pananakit ng ulo</i> )		
	d. Fever for the past few days ( <i>lagnat sa mga nakalipas na araw</i> )		
	e. Loss of taste ( <i>pagkawala ng panlasa</i> )		
	f. Loss of smell ( <i>pagkawala ng pang-amoy</i> )		
2. Have you worked together or stayed in the same environment with a confirmed COVID-19 confirmed positive case? ( <i>May nakasama kaba o nakatrabaho na kumpirmadong may COVID-19/ may impeksyon ng corona virus?</i> )			
3. Have you had any contact with anyone with fever, cough, colds, and sore throat within the past 2 weeks? ( <i>Mayroon ka bang nakasama na may lagnat, ubo, sipon o sakit ng lalamunan sa nakalipas na dalawang linggo?</i> )			
4. Have you travelled outside of the Philippines in the last 14 days? ( <i>Ikaw ba ay nagbyahe sa labas ng bansa sa nakalipas na 14 araw?</i> )			
5. Have you travelled outside of the province in the last 14 days? ( <i>Ikaw ba ay nagbyahe sa labas ng Pampanga sa nakalipas na 14 araw?</i> )			

I hereby authorize the City Government of San Fernando, Pampanga, 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.

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