



HEALTH SURVEY FORM

To ensure the safety and health of individuals against COVID-19, the **Philippines Statistics Authority (PSA)** is implementing a screening questionnaire for all visitors/clients to PSA buildings and facilities. Thank you for your cooperation and understanding. *(Upang matiyak ang kaligtasan at kalusugan ng mga indibidwal laban sa COVID-19, ang **Philippine Statistics Authority (PSA)** ay nagpapatupad ng pagsagot ng screening questionnaire para sa lahat ng bisita/kliyente nito. Salamat sa kooperasyon at pag-unawa.)*

This will not be shared with other institutions unless authorized by law and it shall be disposed of properly when no longer necessary. PSA is committed to your confidentiality pursuant to the Data Privacy Act of 2012. *(Ang impormasyon dito ay ibibigay lamang sa ibang ahensya kung pinahintulutan ng batas at idi-dispose nang maayos kapag hindi na kailangan. Ang PSA ay nakatuon sa pagpapanatiling kompidensyal ang iyong impormasyon alinsunod sa Data Privacy Act ng 2012.)*

Do you have the following? **YES** **NO**
(Mayroon ka ba ng mga sumusunod?)

Fever (*Lagnat*)

≥38°C

Cough and/or Colds

(Ubo at/o Sipon)

For the past 14 days *(Sa nakalipas na 14 araw):*

Travel History to other countries

(Nanggaling ka ba sa ibang bansa?)

Where? *(Saan?)* _____

Date of Arrival _____

(Petsa ng Pagdating)

History of Exposure

- Have you been in contact with a confirmed COVID-19 patient or visited a hospital with a confirmed COVID-19 patient?

(Nakisalamuha ka ba sa pasyenteng may COVID-19 o nagpunta sa ospital na may pasyenteng kumpirmado na may COVID-19?)

Date *(Petsa)* _____

I certify to the truthfulness and accuracy of the information stated herein. *(Ako ay nagpapatunay sa katotohanan at kawastuhan ng impormasyong nakasaad dito.)*

Print Name and Signature

Date/Time: _____

Address: _____

Age: _____ Sex: _____ Contact No.: _____

VISITOR'S SLIP

Health Survey Form

Control No. : _____

Body Temperature : _____ Date : _____ Time : _____

Name : _____

Age : _____ Sex : _____

Address : _____

Contact No. : _____

Person to visit : _____

Purpose of visit : _____

Acknowledged by :

Name and Signature of the person visited/transacted

Time Out : _____