

COVID-19 PATIENT DECLARATION FORM AND TRIAGE ASSESSMENT TOOL

PATIENT'S NAME			DATE / TIME	
FAMILY NAME	GIVEN NAME	MIDDLE NAME		
Age	Sex	Birthday	Occupation	
Address			Contact No.	

REPUBLIC ACT NO. 11332. Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act. It requires the patient to provide **truthful information** about one's health condition and possible exposure. Violation of this act shall be **PENALIZED with a fine of not less than Php 20,000.00 but not more than Php50,000.00 or imprisonment of not less than one (1) month but not more than six (6) months, or both such fine and imprisonment,** at the discretion of the proper court.

PART I. Signs and Symptoms

SYMPTOMS	YES	NO
Cough		
Colds		
Fever		
Difficulty of Breathing		
Sore Throat		
Diarrhea		

SYMPTOMS	YES	NO
Loss of appetite		
Nausea & /or vomiting		
Body weakness / muscle pain		
Skin Rash		
Eye discharge / pink or red eyes		
Decreased sense of smell &/or taste		

PART II. Travel AND Exposure History

	YES	NO	DETAILS
Have you or any member of your household traveled out of the country since January 2020?			Country: Date of travel: From ____ to ____
Have you or any member of your household or close contacts traveled to OR reside in an area where there is a reported case or cluster of COVID-19 (+) patients?			
Have you or any of your close contacts or household members been tested for COVID-19?			Result: Date of Testing:
Were you exposed to a suspect/probable/confirmed case of COVID-19?			Date of Exposer:
Did you have a Chest X-ray for the past 6 months?			Result:
Have you been to other places (hospital/lying-in/health center) before coming here?			Where: Reason of Transfer:

PART III. MEDICATIONS, please enumerate current medicines you are taking. _____

In accordance with RA11332, we certify that the above declaration is TRUE and CORRECT. We understand that any dishonest answer(s) may have serious public health implications and may be subjected to penalties.

PATIENT'S Printed Name & Signature/ Date & Time

COMPANION'S Printed Name & Signature and Relationship
 (for senior & person with disabilities only)