**DAILY HEALTH MONITORING FORM**

**(Students / Visitors / Contractors / Tenants)**

**Instruction:** Fill-up this form honestly and submit filled-out form to the **Guard** upon **ENTRY** in the campus. **NO Filled-out Form**, **NO ENTRY.**

**NOTICE:** The data you provide will be used solely in compliance with **DTI and DOLE Interim Guidelines on Workplace Prevention and Control of COVID-19.** Rest assured this will be treated with utmost confidentiality.

|  |  |
| --- | --- |
| DATE TODAY: | MOBILE NUMBER: |
| NAME: | |
| HOME ADDRESS: | PRESENT ADDRESS: |
| **TRANSPORT ON COMING TO THE UNIVERSITY TODAY?** | |
| Owned Private Vehicle □ Carpool Private Vehicle □ | Public (PUV) □  Others (Bike, etc)\_\_\_\_\_\_\_\_\_\_ |

**HAVE YOU EXPERIENCED THE FOLLOWING FOR THE PAST 24 HOURS?** (Check appropriate blanks)

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| FEVER (Temp above 37.5 C) |  |  |
| PAIN / SORE THROAT? |  |  |
| BLAND TASTE / SMELL? |  |  |
| RUNNY NOSE? |  |  |
| BODY WEAKNESS / MALAISE? |  |  |
| LOOSE BOWEL MOVEMENT (LBM)? |  |  |
| DIFFICULTY OF BREATHING? |  |  |
| COUGH? |  |  |
| SKIN RASHES? |  |  |
| POSSIBILITY OF COVID 19 EXPOSURE? |  |  |

**I am submitting this filled form with all truthfulness.**

Signature of Individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OSH Form 3 B

Rev. 0 May 1, 2020

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