OSH Form 3 Rev. 1 May 27, 2020

COUGH? **SKIN RASHES?**

POSSIBILITY OF COVID 19 EXPOSURE?

I am submitting this filled form with all truthfulness.

DAILY HEALTH MONITORING FORM

(Faculty / Staff)

INSTRUCTION: Fill-up this form honestly and submit filled-out form to the GUARD or HRDO not later than 10:00 A.M.. NO Filled-out Form, NO Work Credit.

NOTICE: The data you provide will be used solely in compliance with **DTI** and DOLE Interim Guidelines on Workplace Prevention and Control of

DATE TODAY: MOBILE #:		
NAME:		
HOME ADDRESS:		
PRESENT ADDRESS:		
TRANSPORT ON COMING TO THE UNIVERSITY	TODAY?	
Owned Private Vehicle Public (PUV) Carpool Private Vehicle Others (Bike,	etc)	
AVE YOU EXPERIENCED THE FOLLOWING FOR T	•	4 HOUF
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?	1	
SKIN RASHES?	+	
POSSIBILITY OF COVID 19 EXPOSURE?	+	
am submitting this filled form with all		
	G FORM	-
DAILY HEALTH MONITORIN (Faculty / Staff) NSTRUCTION: Fill-up this form honestly and submit GUARD or HRDO not later than 10:00 A.M NO Filled iredit. IOTICE: The data you provide will be used solely in nd DOLE Interim Guidelines on Workplace Preve	filled-out form d-out Form complianc ntion and	orm to t , NO W o e with I Control
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DAILY HEALTH MONITORIN (Faculty / Staff) NSTRUCTION: Fill-up this form honestly and submit FUARD or HRDO not later than 10:00 A.M NO Filler redit. OTICE: The data you provide will be used solely in nd DOLE Interim Guidelines on Workplace Preve OVID-19. Rest assured this will be treated with utm DATE TODAY: NAME: HOME ADDRESS: PRESENT ADDRESS: TRANSPORT ON COMING TO THE UNIVERSITY Owned Private Vehicle Public (PUV) Carpool Private Vehicle Others (Bike,	filled-out filled-out Form compliance ntion and cost confide TODAY?	orm to
DAILY HEALTH MONITORIN (Faculty / Staff) STRUCTION: Fill-up this form honestly and submit UARD or HRDO not later than 10:00 A.M NO Filled redit. OTICE: The data you provide will be used solely in nd DOLE Interim Guidelines on Workplace Preve OVID-19. Rest assured this will be treated with utm DATE TODAY: NAME: HOME ADDRESS: PRESENT ADDRESS: TRANSPORT ON COMING TO THE UNIVERSITY Owned Private Vehicle Carpool Private Vehicle Others (Bike, AVE YOU EXPERIENCED THE FOLLOWING FOR T	filled-out filled-out Form compliance ntion and cost confide TODAY?	orm to
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DAILY HEALTH MONITORIN (Faculty / Staff) NSTRUCTION: Fill-up this form honestly and submit GUARD or HRDO not later than 10:00 A.M NO Filled Gredit. NOTICE: The data you provide will be used solely in nd DOLE Interim Guidelines on Workplace Preveroup COVID-19. Rest assured this will be treated with utm DATE TODAY: NAME: HOME ADDRESS: PRESENT ADDRESS: TRANSPORT ON COMING TO THE UNIVERSITY Owned Private Vehicle	filled-out form compliance ntion and ost confide TODAY? etc) HE PAST 24	e with I Control
DAILY HEALTH MONITORIN (Faculty / Staff) NSTRUCTION: Fill-up this form honestly and submit GUARD or HRDO not later than 10:00 A.M NO Filled redit. IOTICE: The data you provide will be used solely in nd DOLE Interim Guidelines on Workplace Preve OVID-19. Rest assured this will be treated with utm DATE TODAY: NAME: HOME ADDRESS: PRESENT ADDRESS: TRANSPORT ON COMING TO THE UNIVERSITY Owned Private Vehicle Public (PUV) Carpool Private Vehicle Public (PUV) Carpool Private Vehicle Others (Bike, IAVE YOU EXPERIENCED THE FOLLOWING FOR T Check appropriate blanks) FEVER (Temp above 37.5 C)	filled-out form compliance ntion and ost confide TODAY? etc) HE PAST 24	e with I Control
DAILY HEALTH MONITORIN (Faculty / Staff) STRUCTION: Fill-up this form honestly and submit UARD or HRDO not later than 10:00 A.M NO Filled redit. OTICE: The data you provide will be used solely in nd DOLE Interim Guidelines on Workplace Preve OVID-19. Rest assured this will be treated with utm DATE TODAY: NAME: HOME ADDRESS: PRESENT ADDRESS: TRANSPORT ON COMING TO THE UNIVERSITY Owned Private Vehicle OTHER OTHER OTHER OTHER OTHER (PUV) Carpool Private Vehicle AVE YOU EXPERIENCED THE FOLLOWING FOR T Check appropriate blanks) FEVER (Temp above 37.5 C) PAIN / SORE THROAT?	filled-out form compliance ntion and ost confide TODAY? etc) HE PAST 24	e with I Control
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DAILY HEALTH MONITORING FORM (Faculty / Staff)

INSTRUCTION: Fill-up this form honestly and submit filled-out form to the

 $\textbf{GUARD} \ or \ \textbf{HRDO} \ \textbf{not} \ \textbf{later} \ \textbf{than} \ \textbf{10:00} \ \textbf{A.M.}. \ \underline{\textbf{NO}} \ \textbf{Filled-out} \ \textbf{Form}, \ \textbf{NO} \ \textbf{Work}$

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

DATE TODAY: M	OBILE #:	
NAME:		
HOME ADDRESS:		
PRESENT ADDRESS:		
TRANSPORT ON COMING TO T	HE UNIVERSITY TODAY?	
Owned Private Vehicle	Public (PUV)	
Carpool Private Vehicle	Others (Bike, etc)	
HAVE YOU EXPERIENCED THE FO	LLOWING 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 / MALAIS	E?	
LOOSE BOWEL MOVEMENT	(LBM)?	

I am submitting this filled form with all truthfulness.

DIFFICULTY OF BREATHING?

POSSIBILITY OF COVID 19 EXPOSURE?

Signature of Employee	

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COUGH? **SKIN RASHES?**

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(Faculty / Staff)

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DATE TODAY	10DUE #
DATE TODAY:N	10BILE #:
NAME:	
HOME ADDRESS:	
PRESENT ADDRESS:	
TRANSPORT ON COLUMN TO T	THE LINE PERSON TO BAY 2
TRANSPORT ON COMING TO 1	HE UNIVERSITY TODAY?
Owned Private Vehicle	Public (PUV)
Carpool Private Vehicle	Others (Bike, etc)
HAVE YOU EXPERIENCED THE FO	LLOWING FOR THE PAST 24 HOURS
(Chack appropriate blanks)	

(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 Employee	Signature of Employee