

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 COVID-19. Rest assured this will be treated with utmost confidentiality.

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) _____

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 Employee

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