"For your own protection; for the safety of your family and the community"



Travel History:

HEALTH DECLARATION CHECKLIST TO ALL TRAVELERS:



IMPORTANT REMINDER: Accomplish this form honestly and completely to facilitate quarantine procedures. Anyone found giving false information is liable and punishable in accordance with Philippine laws.

	Port of Origin Flt # or the past two (2) weeks:	# Seat #:
Personal Data: Name:		as back associated pulse sociated hand make on the street designed from
Last Nam Sex Age N		Middle Name Civil Status:
[] Household help [] Other (specify):Address in the Phil 		ing at prepart or during
the past 14 days: [] Fever [] Headache	[] Cough [] Difficulty of Breathing [] Unexplained Bruising or B [] others (specify)	[] Severe Diarrhea
Did you visit any pou Were you confined in Do you have any hor person currently have	alth worker, hospital, clinic or rultry farm or animal market? na hospital? usehold member/s, or close fring fever, cough and/or respirer medication during the last	[] [] iend/s who have met a ratory problems? []

Note: If you have been to a MERS-CoV affected country/ies:

- a. Monitor your health for at least fourteen (14) days.
- Should you develop signs and symptoms, cover your mouth and nose with a piece of cloth, handkerchief or surgical mask to prevent spread of infection.
- c. You may call any of the following numbers:

Bureau of Quarantine Tel. No. (632) 320-9101

Tel. No. (632) 320-9107

OPCEN-HEMS Tel Nos. +63 922-884-1564

+63 920-949-8419

+63 915-772-5621

National Epidemiology Center (NEC) Tel. No. (632) 743-1937

Department of Health (DOH) Tel. No. (632) 743-1937

For Foreign Tourists: If you have developed signs and symptoms during your stay, please contact the local health authorities for management and coordination with the Department of Health.

To the PHYSICIAN:

The bearer has recently been abroad, and could have been exposed to MERS-CoV. Please refer the individual to the Municipal Health Officer or to the Bureau of Quarantine or Center for Health Development (CHD) for further management and monitoring by the Surveillance Unit of the Area.

(Sgd.) EMMANUEL C. LABELLA, MD, MHA, CESE OIC-Director IV Bureau of Quarantine

Approved:

(Sgd.) **ENRIQUE T. ONA, FPCS, FACS** Secretary of Health