



That in all things God may be glorified

SAN BEDA UNIVERSITY

Health Office

The following information are needed to ensure health and safety of individuals entering and leaving San Beda University in line with coronavirus (Covid-19) monitoring, contact tracing, and prevention. We respectfully request for your cooperation. Please give your honest answer being asked to this form.

Name: _____
(Last Name) (First Names) (Middle Name)

Age: _____ Gender: () Male () Female

Complete Address: _____
Contact numbers: _____ E-Mail address: _____

Please check if you are: () San Beda Student: Course/Year Level _____ Section: _____
() Faculty/Employee: Office: _____
() Agency Deployed: Agency: _____
() Guest Visitor: Purpose of Visit: _____

In case of sickness/emergency: Parent/guardian/spouse/family member

Name(s) _____

Contact numbers _____

1.	Have you returned from any of the countries listed in Coronavirus FAQ's within the last 14 day? () Yes () No
2.	Have you had closed contact with or cared for someone diagnosed with COVID-19 within the last 14 day? () Yes () No
3.	Have you been in close contact with anyone who traveled in the countries listed in Coronavirus FAQ's within the last 14 day? () Yes () No
4.	Have you experienced any cold or flu-like symptoms in the last 14 day to include, high fever, respiratory illness, sore throat, difficulty in breathing, body ache (fatigue)? () Yes () No

If your answer is **YES** to anyone of the above questions, your entry to the university premises will be denied.

If your answer is **NO**, kindly bring clearance certificate of fit to work or fit to travel for your entry to the university premises.

NOTES: If you are in the university premises for consecutive/couple of days, please immediately advise our Health Office if you experience any cold or flu-like symptoms. The information gathered in this Health Form will be used to determine your entry to the university premises. For more information you may contact our Health Office at numbers 8735-6011-15 Ext. 2720/2131.

(Signature over printed name)

Date Accomplished/Submitted