

Health Declaration Form



Name: _____ **Sex:** _____ **Age:** _____

Address: _____

Email Address: _____ **Contact No.:** _____

		Yes	No
1. Are you experiencing:	a. Fever (37.7C & up)		
	b. Colds		
	c. Cough		
	d. Diarrhea		
	e. Sore throat		
	f. Others		
2. Have you worked together or stayed in the same close environment of a confirmed COVID-19 case?			
3. Have you had any contact with anyone with fever, cough, colds and sore throat in the past 2 weeks?			
4. Have you travelled outside of the Philippines in the last 14 days?			
5. Have you travelled to any area in NCR aside from your home? Please specify: _____			

I hereby authorize Alveo Land Corp., to collect and process the data indicated herein for the purpose of effecting control of the COVID-19 infection. I understand that my personal information is protected by RA 10173, Data Privacy Act of 2012, and that I am required by RA 11469, Bayanihan to Heal as One Act, to provide truthful information.

It has been explained to me that the information collected will be used for the following purposes:

1. As a pre-requisite to my entry into the site wherein I am to visit my purchased unit in connection with the Alveo Land Corp.'s infection control procedures;
2. As a means to protect my own health and safety and that of the workers, family and the society in general by enabling Alveo Land Corp. to monitor possible exposure to the virus;
3. In compliance with regulations for the operation of Alveo Land Corp, if any;
4. In compliance with contact tracing requirements that Alveo Land Corp. may be obliged to fulfill in the event that I, or any close contact becomes COVID-19 positive;
5. In the event that I or close contact becomes COVID-19 positive, the information declared herein may be disclosed to relevant government agencies and persons who have been possibly exposed to the infection and the organizations to whom they are associated with, if any, in order to protect the health and safety of said persons and persons who have had dealings with them, provided that, to the extent possible, my identity will not be disclosed unless absolutely necessary or unavoidable considering the circumstances.

I further warrant that any personal information I have given to Alveo Land Corp. is correct and that I have obtained the consent of persons whose personal information I disclose in this form.

Signature: _____ **Date:** _____