PRESIDENTIAL COMMUNICATIONS OFFICE
NEWS AND INFORMATION BUREAU
INTERNATIONAL PRESS CENTER

HEALTH DECLARATION FORM

You must attach this declaration with other IPC requirements.

Personal Information

Name:	
Date of Birth:	
Date of Flight: *(Arrival and Departure)*	
Flight Number: *(Arrival and Departure)*	

		YES	*NO*
1	Have you been in close contact with a confirmed case/s of COVID-19?		
2	Have you been in close contact with persons in quarantine/probable case of COVID-19		
3	Do you have the following signs and symptoms within the last 14 days?	*YES*	*NO*
	Fever		
	Cough		
	Runny Nose		
	Sore Throat		
	Shortness of breath		
4	Have you undergone COVID-19 detection testing? If yes, kindly attach the result.		
5	Are you fully vaccinated? If yes, kindly attach the certification.		

Completed truthfully on: __/__/____ (mm/dd/yyyy) Time: __:__

_____

Signature over printed name