



INSURANCE INSTITUTE FOR ASIA & THE PACIFIC, INC.
HEALTH DECLARATION FORM

For the health & security of our community, declaration of illness is required.

Be sure that the information you'll give is accurate and complete.

FULL NAME _____

NATIONALITY _____

AGE _____ **GENDER** MALE FEMALE

CONTACT NUMBERS: LANDLINE _____ **MOBILE NO.** _____

HOME ADDRESS _____

OFFICE ADDRESS _____

EMAIL ADDRESS _____

DATE AND PURPOSE OF VISIT _____ / _____

NAME OF COMPANY _____

	YES	NO
Are you experiencing any of the ff.		
Sore Throat		
Body Pain		
Headache		
Diarrhea		
Fever for the past 30 days		
Difficulty in Breathing		
Have you worked together or stayed in the same close environment of a confirmed COVID - 19 case?		
Have you had contact with anyone with fever, cough, colds and sore throat for the past 14 days?		
Have you traveled to any area in NCR aside from your home?		
Have you traveled outside of the Philippines in the last 14 days?		
Did you visit a hospital, clinic or medical health facility in the last 14 days?		

Signature _____