ASIAN HOSPITAL & MEDICAL CENTER
DEPARTMENT OF PEDIATRICS
HEALTH CONDITION DECLARATION FORM

Pursuant to **Republic Act 11332,** you are required to provide truthful information about your health condition and possible exposure.

Dear Patients,
I would like to ensure both our safety during and after your consult/ procedure in my clinic. Let us make this happen aby checking the appropriate box.

	YES	NO
Do you and/or your child have fever?		
Do you and/or your child have sore throat?		
Are you and/or your child experiencing cough & colds?		
Do you and/or your child have shortness of breath or difficulty of breathing?		
Are you and/or your child experiencing headaches?		
Do you and/or your child have muscle pain?		
Do you and/or your child have diarrhea?		
Do you and/or your child consult a medical doctor for the above mentioned sign and symptoms?		
Do you and/or your child have a history of travel within 14 days? If yes, where _____ and when _____?		
Have you and/your child travelled to or live in local areas outside the Philippines where there are reported cases of COVID-19?		
Do you and/or your child have contact or exposure to someone who travelled in areas with local transmission?		
Have you and/your child have been exposed to a person with suspected/ probable/ positive case of COVID-19?		
Do you or anyone in the household have any of the above mentioned signs and symptoms or pending COVID-19 test results?		

I hereby certify that the information given above are true, correct, and complete. I understand that I will be held criminally liable for failure to give right of information or intentionally providing misinformation.

_____
Parent's Signature over Printed Name/ Date