

**PHILIPPINE CONSULATE GENERAL IN CHICAGO, USA
COVID-19 HEALTH DECLARATION FORM**

In connection with relevant guidelines issued by public health authorities in the Philippines and the United States, aimed at preventing the spread of Covid-19, the Consulate General requires the submission of a duly-accomplished Health Declaration Form prior to the confirmation of your appointment.

Only clients or applicants with an appointment shall be allowed to enter the Consulate premises. Only persons with disability, senior citizens or minor applicants may be accompanied by one (1) individual, who also needs to submit a separate Health Declaration Form by email before coming to the Consulate. For minor applicants, only the mother is allowed to accompany them to the Consulate General. If the mother is indisposed, she should authorize the father in writing to accompany the minor. All other persons will not be permitted entry.

By filling up and signing the form, you are allowing the Philippine Consulate General in Chicago to store and process your information. You also acknowledge that you have read, understood, and agreed to the above-mentioned conditions.

	APPLICANT	ACCOMPANYING PERSON (ONLY for senior, minor and handicapped applicants)
Name		
Age		
Complete Address (please indicate city and state)		
Contact No. / Email address		
Body Temperature (Please indicate the date and time temperature was last taken)		

	APPLICANT	ACCOMPANYING PERSON
PLEASE ANSWER BY WRITING Y FOR YES AND N FOR NO.	Y or N	Y or N
1. Have you traveled outside the country in the last 30 days prior to your scheduled appointment? If YES, please indicate which country/ countries: _____		
2. Have you traveled outside of Illinois in the past 30 days? If YES, please indicate which State/s: _____		
3. Have you attended a mass gathering, or any other event that you think may have violated physical distancing protocols in the last 30 days?		
4. Have you visited any of the following in the past 30 days: hospital, clinic, nursing home, correctional facility/ jail/ prison/ detention center, or meat processing plant/slaughterhouse?		
5. Have you or anyone in your household been tested positive for COVID-19? If YES, please indicate the date when you or your household member were diagnosed with COVID-19: _____		
6. To the best of your knowledge, have you or anyone in your household been in close proximity or contact with anyone who has tested positive for COVID-19 in the past 30 days?		
7. To the best of your knowledge, have you or anyone in your household been in close contact with a person under investigation (PUI) (persons awaiting COVID-19 test results) in the past 30 days?		
8. To the best of your knowledge, have you been in close contact with a COVID-19 suspect case (persons with flu-like symptoms, fever, cough, runny nose, sore throat) in the past 30 days?		
9. Have you had any of the following symptoms in the past 30 days: fever, cough, runny nose, sore throat, headache, loss of smell/taste, shortness of breath, chills, general malaise, or diarrhea?		

SIGNATURE

DATE

This Health Declaration Form will only serve as information to the Consulate in connection with your appointment, and will not be shared with anyone. Print, accomplish and sign this, and attach the same to your email reply to the Consulate. Thank you.