

COVID-19 HEALTH DECLARATION FORM

In light of the COVID-19 pandemic and in accordance with guidelines from public health and occupational safety and health authorities in the Philippines and the United States, please answer the following questions truthfully to enable us to ascertain whether we can attend to you immediately or defer your appointment after a reasonable period so as not to risk or endanger other clients as well as our personnel.

In connection with Philippine Republic Act 11332 and the "Be Safe.Chicago" Guidelines, aimed at promoting public health and preventing the spread of Covid-19, respectively, the Consulate requires the submission of this 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 can be accompanied by one (1) individual, who also needs to submit the Health Declaration Form by email before coming to the Consulate. For a minor applicant, only the mother is allowed to accompany him/her to the Consulate. If the mother is indisposed, she can authorize the father in writing to accompany the minor. All other persons will not be permitted entry.

Thank you for your understanding in these difficult times.

By filling up the form, I am allowing the Philippine Consulate General in Chicago to store and process my information. I hereby acknowledge that I have read and understood the abovementioned conditions.

	APPLICANT	ACCOMPANYING PERSON (please write "None" if coming alone)
Name		
Age		
Complete Address		
Mobile No.		

Body Temperature (Please indicate the date and time temperature was last taken)		
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	PATIENT	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 your Answer is "Yes," which country have you travelled?		
2. Have you traveled to any of the following states in the past 30 days: New York, New Jersey, California, Massachusetts, Pennsylvania, Texas, Michigan, Florida or Maryland?		
3. Have you attended a mass gathering, a reunion of relatives or friends, or a party within a month prior to this visit?		
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. In the past 30 days, have you or any member of your household has had any contact with a CONFIRMED COVID-19 positive patient?		
6. Have you been tested positive for corona virus or still awaiting results?		
7. Have you been in close contact with a person under investigation (PUI)/ person awaiting test results?		
8. Have you been in close contact with a COVID-19 SUSPECT case (persons with flu-like symptoms, fever, cough, runny nose, sore throat)?		
9. Have you had any of the following symptoms in the past 30 days: fever, cough, runny nose, sore throat, headache, shortness of breath, chills, general malaise, or diarrhea?		
10. Do you have an emergency or immediate concern that needs to be addressed by the Consulate urgently and requires your personal appearance at the Consulate premises?		

(signed)

Name of Client/Applicant: _____

(This Health Declaration Form will serve as information of the Consulate only in connection with your consular application, and will not be shared with anyone.)