

HEALTH DECLARATION CARD

- A separate Health Declaration Card must be completed for each passenger, including children.
- Please answer in **ENGLISH** and print in capital letters like "PHILIPPINES" in each box provided
- Mark your answer like this "✓" in the answer box []

- Thank you for your full Cooperation -

Passport No.															
Family Name															
First Name:															
Middle Name:															
Nationality															
Sex	[] Male							[] Female							
Birthdate (mm-dd-yyyy)								-		-					
Date Arrived (mm-dd-yyyy)								-		-					
Flight Number	[] Passenger							[] Crew							
								Seat No.							
Name of Hotel															
Residence Address (Philippines)	_____ <small>(Street No. and Name of Street)</small>														
	_____ <small>(Municipality/City)</small>														
	_____ <small>(Province)</small>														
	_____ <small>(Region)</small>														
Philippine Mobile No.		(+63)													
Country(ies) worked, visited and transited in the last 30 days:															

Have you been sick in the **past 30 days?** [] Yes [] No

DECLARATION:
The information I have given is true, correct and complete. I understand failure to answer any question may have serious consequences. **(Article 171 and 172 of the Revised Penal Code of the Philippine)**

Signature of Passenger / Crew

This portion is to be accomplished by the Quarantine Medical Officer (QMO) ONLY

Notation:

Name and signature
Quarantine Medical Officer-on-Duty

Date: ____ - ____ - ____
Time: ____ hrs

=====DOH Hot-line Numbers =====

For any health concerns, consult the nearest health authority, DOH Hospital or to the Department of Health thru the following numbers:

- Research Institute for Tropical Medicine (RITM): (632) 994-1887 (632) 807-2628 to 32
- DOH-Hotline Operation Center (OPCEN): (632) 711-1001 to 02

