

UNIVERSITY OF THE PHILIPPINES
Diliman, Quezon City

HEALTH CHECKLIST FOR FACULTY/STAFF RE-ENTRY

To be able to monitor and control the spread of COVID-19 infection within the campus, the faculty and staff are requested to accomplish this health checklist every time they re-enter their workplace. The university ensures that any sensitive personal information contained herein shall be kept confidential and protected under the Data Privacy Act of 2012. If needed, information from this health checklist may be used to facilitate contact tracing efforts by the University Health Service Public Health Unit (UHS-PHU) and/or the Local Government Unit (LGU).

College/Unit: _____ Department/Institute: _____

Name: _____ Body Temperature: _____

Please check the appropriate answers.

1. In the past 14 days, I have experienced

- body pains
- headache
- sore throat
- fever
- diarrhea
- cough
- colds
- shortness of breath
- loss of taste
- loss of smell
- none of the above

2. I have stayed in the same close environment with a confirmed COVID-19 case in the past 14 days.

- Yes
- No
- I am not aware.

3. I have had contact with somebody with body pains, headache, sore throat, fever, diarrhea, cough, colds, shortness of breath, loss of taste, or loss of smell for the past 14 days.

- Yes
- No

4. When did you last report for work? _____

5. Since then until today, I have been to the following places (besides my home):

6. I have had Rapid-Antibody Test.

- Yes (Result: _____ Date done: _____)
- No

7. I have had RT-PCR Swab Test.

- Yes (Result: _____ Date done: _____)
- No

Signature: _____ Date: _____