



## HEALTH DECLARATION FORM COVID-19

The safety of our caretakers, volunteers, donors, and guests remains top priority for Hound Haven. As the outbreak of the Coronavirus Disease 2019 (COVID-19) continues, it is incumbent upon all of us to remain vigilant in preventing its spread and reducing the potential risk of exposure. Please answer this form to help us take the necessary precautionary measures.

Full Name: \_\_\_\_\_  
Last Name First Name Middle Name

Contact Number: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Temp. Reading: \_\_\_\_\_

Intended Date of Visit: \_\_\_\_\_

Did you visit a hospital, clinic, or medical health facility in the last 14 days?  Yes  No

In the last 14 days, have you experienced any of the following symptoms: fever, colds, cough, sore throat, or difficulty in breathing?  Yes  No

In the last 14 days, have you been in contact with anyone with fever, colds, cough, and sore throat?  Yes  No

In the last 14 days, have you been in close contact with a person or patient who has either displayed (a) any symptoms associated with COVID-19, regardless of whether the same person has been tested for COVID-19 or not, or (b) has been confirmed positive for COVID-19?  Yes  No

In the last 14 days, have you travelled outside of the Philippines?  Yes  No

Have you travelled to any other city aside from your home? Specify: \_\_\_\_\_  Yes  No

Do you have any of the following medical conditions: diabetes, hypertension, cancer, or with immunocompromised health status, serious heart conditions, chronic lung disease or moderate to severe asthma, or pregnancy?  Yes  No

Can you present a negative antigen or RT-PCR test taken at least 72 hours prior to your date of visit? If YES, email your test results to [contact@houndhavenph.org](mailto:contact@houndhavenph.org) 72 hours before your scheduled visit.  Yes  No

*Visitors with a negative antigen or RT-PCR test result may stay at the office / holding area. All other guests are limited to the open grounds and kennel area.*

### Certification and Data Privacy Consent

I certify that the information I have provided is true, correct, and complete. I understand that I am required by R.A. 11469 (Bayanihan to Heal as One Act) to provide truthful information and that my failure to completely answer and provide the correct information may be a ground for the filing of appropriate cases against me under the law. I hereby give my full consent to Hound Haven PH, Inc. (the "Organization") to collect, record, and process information, whether personal, sensitive, or privileged, pertaining to myself for the purpose of drafting and implementing policies related to the prevention and / or containment of COVID-19. In this connection, I acknowledge that I have read, understood, and / or have been duly informed of the terms and conditions pertaining to the data privacy practices of the Organization. I hereby express my full conformity thereto.

\_\_\_\_\_  
Name and Signature

\_\_\_\_\_  
Date

Hound Haven PH, Inc., its caretakers, assigns, or authorized representatives reserve the right to refuse entry to any person who fails or refuses to accomplish and submit this form, and who it reasonably deems may pose a risk to other people.