

Attachment "A"

MUNICIPALITY OF SUAL, PANGASINAN
DECLARATION FORM



		YES	NO
Surname <i>Apelyido</i>		Have you been to other countries in the last 14 days? <i>Galing ka ba sa ibang bansa sa nakarrang 14 na araw?</i>	
Given Name <i>Pangalan</i>		If yes, what country have you been? <i>Kung oo, anong bansa ang inyong pinuntahan?</i>	
Contact Number		Have you been to areas outside Pangasinan in the last 14 days? <i>Galing ka ba sa labas ng Pangasinan sa nakaraang 14 na araw?</i>	
Where to stay in Sual? <i>Address kung saan tutuloy sa Sual</i>		If yes, please indicate where. <i>Kung oo, isulat kung saan.</i>	
		Do you experience the following symptoms? <i>Nakakaramdam ka ba ng mga sumusunod na sintomas?</i>	
		1. Dry cough <i>(Ubong walang plema)</i>	
		2. Difficulty of breathing <i>(Hirap sa paghinga)</i>	
		3. Itchy throat <i>(Makating lalamunan)</i>	
	4. Fever <i>(Lagnat)</i>		

Date of Intended / Scheduled Entry to Sual: _____

Duration of Stay: _____

(Printed Complete Name / Signature/ Date Signed)

***** To Be Accomplished by the TSC Medical Clinic *****

Declaration Form Received By: _____

(Printed Complete Name / Signature)

Date Received: _____