

SELF – DECLARATION FORM

Name: _____ Temperature: _____
Age: _____ Contact No.: _____
Present Address: _____

Point of Origin before entry to Sual Power Station (*Lugar kung saan nanggaling bago pumasok ng Sual Power Station?*):

A. Disclosure of local travel or visit outside of Pangasinan:

- List the areas outside of your residence that you have been to in the last 14 days.
Ilista ang mga lugar na pinuntahan sa nakalipas na 14 na araw maliban sa iyong tirahan.

Name of Area/s and Location	Date/s of Visit	Vehicle (Private/Public)	Vehicle Plate #

- Have you been to any Quarantine Facility, Hospital or Medical Clinic?
If YES, specify and indicate below. (*Ikaw ba ay nagpunta sa Quarantine Facility, ospital o klinika? Kung OO, ilista sa baba.*) Yes ☐ No ☐

- Have you undergone or been subjected to any kind of COVID-19 test (i.e., antibody-based / rapid test, RT-PCR / swab test)? If YES, provide details below (kind of test, venue and date of test, result) (*Ikaw ba ay sumailalim sa anumang uri ng pagsusuri na may kinalaman sa COVID 19? Kung OO, pakilista sa ibaba ang detalye (uri ng pagsusuri, lugar at petsa ng pagsusuri at resulta ng pagsusuri).*) Yes ☐ No ☐

- Have you had any contact with a Suspect, Probable or Confirmed COVID-19 case within the past two (2) weeks? If YES, please indicate your relationship with the case. (*Nagkaroon ka ba ng pakikisalamuha sa isang Suspect, Probable o Kumpiramadong kaso ng COVID-19? Kung OO, pakilista sa ibaba ang detalye ang iyong ugnayan sa nasabing kaso.*) Yes ☐ No ☐

- Have you had any contact with anyone who has fever, cough, colds and sore throat within the past two (2) weeks? (*May nakasama ka ba na may lagnat, uba, sipon o sakit ng lalamunan sa nakalipas na dalawang linggo?*) Yes ☐ No ☐

- Have you hosted a social gathering and/or attended a social / mass gathering? If YES, please provide details. *(Ikaw ba ay nagkaroon at/o dumalo sa pampublikong salu-salo? Kung OO, sabihin kung anong uri ng salu-salo, kailan at saan)* Yes ☐ No ☐

B. Disclosure of International Travel

- Have you travelled outside of the Philippines in the last 14 days? If YES, please provide details below. *(Ikaw ba ay bumiyaye sa labas ng Pilipinas sa loob ng nakaraang 14 araw? Kung OO, pakilista ang mga detalye sa ibaba.)* Yes ☐ No ☐

Country/ies Visited	Date/s of Travel	Flight Details (Airline, Date of Travel, Airport)

C. Disclosure of Household Members and Immediate Family Members

- List all your household members and /or immediate family members. Use additional sheet, if necessary *(Ilista lahat ang mga kasama sa bahay. Gumamit ng karagdagang papel kung kinakailangan.)*

Name of Household Member and / or Dependent	Relationship	Occupation (indicate if COVID -19 front liner)	Place of Work / Occupation

D. Disclosure of any Household Member / Relative or Guest Arriving from Local or Overseas Travel within the last 14 days:

- Within the last 14 days, did you have a household member who came from other areas of Pangasinan, outside of Pangasinan or overseas? If yes, please specify. *(Sa nakalipas na 14 na araw, may nakasama ka ba sa bahay na galing sa ibang bahagi ng Pangasinan, labas ng Pangasinan o ibang bansa? Sabihin kung saan galing at kailan nakasama.)* Yes ☐ No ☐

- Within the last 14 days, did you have or receive a visitor who came from other areas of Pangasinan, outside of Pangasinan or overseas? If yes, please specify. *(Sa nakalipas na 14 na araw, may bumisita or tinanggap ka bang bisita sa bahay na galing sa ibang bahagi ng Pangasinan, labas ng Pangasinan o ibang bansa? Sabihin kung saan galing at kailan nakasama)* Yes ☐ No ☐

E. Disclosure of any Household Member and/or Immediate Family Member Engaged in Business Catering to Public (i.e., spa, salon, events management, others)

Name of Household Member and / or Dependent	Relationship	Nature of Business	Location

F. Disclosure of Health Condition

- I am feeling healthy and well today. Yes ☐ No ☐
(*Pakiramdam ko, ako ay malasog at nasa mabuting kondisyon ngayon.*)

- Within the last 14 days, did you experience:
(*Sa nakalipas na 14 na araw, nakaranas ka ba ng*):
 - Cough (*ubo*) Yes ☐ No ☐
 - Cold (*sipon*) Yes ☐ No ☐
 - Fever (*lagnat*) Yes ☐ No ☐
 - Headache (*sakit ng ulo*) Yes ☐ No ☐
 - Muscle pain (*pananakit ng katawan*) Yes ☐ No ☐
 - Sore throat (*pananakit ng lalamunan/ masakit lumunok*) Yes ☐ No ☐
 - Easy fatigability (*madaling mapagod*) Yes ☐ No ☐
 - Difficulty of breathing (*hirap huminga*) Yes ☐ No ☐
 - Decrease or loss of sense of smell & taste
(*nabawasan o nawalan ng pang-amoy o panlasa*) Yes ☐ No ☐

- Do you have any underlying health conditions (that is, immunocompromised) or with comorbidities?
(Most-At-Risk Populations (MARPs)/ vulnerable individuals)
(*Mayroon ka bang mga kondisyon sa kalusugan?*) Yes ☐ No ☐
 - Hypertension (Altapresyon) Yes ☐ No ☐
 - Diabetes Yes ☐ No ☐
 - Asthma (Hika) Yes ☐ No ☐
 - Cardiovascular Disease (Sakit sa puso) Yes ☐ No ☐
 - Lung Disease (Sakit sa baga/Tuberculosis) Yes ☐ No ☐
 - Advance malignancy/ Cancer Yes ☐ No ☐
 - Chronic Steroids (Matagal na paggamit ng steroids) Yes ☐ No ☐
 - Others. Specify. _____

I willingly subject myself to the following preventive measures instituted by TeaM Energy: non-contact thermometer reading, donning of face mask, avoiding close contact, practicing hand hygiene, practicing cough and sneezing etiquette, and Clinic interview, as necessary.

I hereby voluntarily commit myself to inform TeaM Energy through its Occupational Health and Safety (OHS) Section/Medical Clinic within the day of feeling any flu-like symptoms and/or any contact with Patient/s Under Investigation (PUIs), and patient/s diagnosed with COVID-19 infection after the submission of this form.

PRIVACY & CONFIDENTIALITY NOTICE:

The collected personal information in this Self-Declaration Form ("Information") is utilized for documentation and processing purposes required under the Company's existing OHS and Security Policies. The Information shall be shared with the health partners of the Company, solely for the purpose of preventing the spread of COVID-19. They enable the Company to properly process and address matters requiring such Information. If and when applicable, the Information shall be forwarded to appropriate internal departments of the Company for action and response; and to the concerned offices of the Department of Health, as may be required by relevant laws, rules and regulations.

The Information shall be held in strict confidentiality, and the Company has put in place physical, electronic, and managerial procedures designed to protect and secure the Information.

Only authorized Company personnel have access to these Information, the exchange of which will be facilitated through email and hard copy. Physical records will be stored for three (3) months and digital copies will be stored in a database for one (1) year (after inquiries, requests and complaints are acted upon), after which physical records shall be disposed of through shredding, while digital files shall be deleted. You have the right to ask for a copy of any personal information we hold about you, as well as to ask for it to be corrected if you think it is wrong. You may also refuse the processing of your personal information, in which case, it will no longer be used. Your refusal may, however, result to our inability to address matters requiring such Information, except as otherwise provided by law. Please do note that some of the personal data you have provided is necessary for us to comply with statutory and regulatory requirements, as well as the Company's administrative policies and is thus mandatorily required to be collected and processed.

For your requests or concerns, please contact TeaM Energy at info@teamenergy.ph

ACKNOWLEDGEMENT:

I acknowledge that I have read and understood the above Privacy & Confidentiality Notice and fully understand the reasons for the collection, processing, and disclosure of my Information and the ways in which said Information may be used. I agree to the said usage and disclosure and hereby authorize the Company to release any Information solely for the purpose for which they have been collected and processed. I shall hold the Company and its directors, officers, stockholders, employees, consultants and service providers free and harmless from all claims, suits, charges, fees, damages or liabilities arising from or connected with the said collection, processing and release or disclosure of the Information.

Furthermore, I hereby acknowledge that I have read and understood the contents of this form and voluntarily submit the same to the TeaM Energy OHS Section/Medical Clinic. I understand that any misdeclaration on my part will be dealt with accordingly.

Signature over printed name/ Date Signed