TRACKING #: 10077 – 2020
DATE: SEP 16 2020

Republic of the Philippines
Department of Education
Caraga Region
SCHOOLS DIVISION OF SURIGAO DEL SUR

Office of the Schools Division Superintendent

September 15, 2020

Division MEMORANDUM
No. 326 , s. 2020

SUBMISSION OF WEEKLY HEALTH DECLARATION FORM

To : Public-Schools District Supervisors & Districts In-Charge
Elementary and Secondary School Heads
Functional Division Chiefs & Section Head
This Division

1. In light of the recent pronouncement of DOH CARAGA which officially declares local transmission in our province, division, district and school personnel are hereby required to submit accomplished weekly health declaration form when reporting physically in their workstation as part of the preventive measures against COVID-19.

2. The accomplished health declaration form will be filed and kept by the:

   a. School Health & Nutrition Section in the division office.
   b. District/school nurses in their respective workstation at district offices/schools. Offices/schools without nurses physically reporting in their workstation may assign alternatives such as clinic teacher to file and keep the copy. The assigned alternatives will coordinate with their respective nurses for any related concerns.

3. Attached is a copy of the division health declaration form which may be utilized by District offices/schools.

4. For guidance and immediate dissemination.

JOSITA B. CARMEN, CESO V
Schools Division Superintendent

Encl.: Health Declaration Form
References:

To be indicated in the Perpetual Index
under the following subjects:
Health declaration form

AAAL//DM- SUBMISSION OF WEEKLY HEALTH DECLARATION FORM
326/SEPTEMBER 15, 2020

Balilahan, Mabua, Tandag City, Surigao del Sur, 8300
(086) 211-3225
surigaodelsur.division@deped.gov.ph

Republic of the Philippines
Department of Education
CARAGA REGION
SCHOOLS DIVISION OF SURIGAO DEL SUR

HEALTH DECLARATION FORM

Name: _____ Age/Sex: _____

Address: _____ Date: _____

Contact Number: _____ Time: _____

Pls. check (√) if applicable:

1. Which of the following symptoms do you currently have?
   ☐ FEVER ☐ COUGH ☐ TIREDNESS ☐ LBM
   ☐ COLDS ☐ HEADACHE ☐ SORETHROAT ☐ NONE
   ☐ OTHERS: _____
2. For the past 2 weeks, did you have travel history from areas with local transmission? ☐ YES ☐ NO (if yes, pls indicate where) _____
3. ☐ This confirms that currently **I am not identified as PROBABLE/SUSPECT/PUM/CLOSE CONTACT TO CONFIRMED CASES OF COVID-19.**

I hereby declare that the above information I have provided is accurate to my knowledge. I understand that I am responsible for any omission in disclosing vital information.

I voluntarily and freely consent to the collection and sharing of the above personal information only in relation to DepEd Surigao del Sur COVID-19 internal protocols and in accordance with the DATA PRIVACY ACT.

I also commit to inform my superior about any symptoms that I may experience and/or having in contact with a CONFIRMED case after signing this declaration.

_____

Signature Over Printed Name

Balilahan, Mabua, Tandag City, Surigao del Sur, 8300
(086) 211-3225
surigaodelsur.division@deped.gov.ph