

PPA Entry Protocol

DATE: _____

NAME: _____

AGENCY: _____

RESIDENCE: _____

STATE YOUR BODY TEMPERATURE UPON ENTRY: _____

PUT A ☒ MARK IF YOU HAVE THE FOLLOWING CONDITIONS:

| FEVER | COUGH | COLDS | SORE THROAT |
|-------|-------|-------|-------------|
| | | | |

STATE YOUR TRAVEL POINTS FOR THE PAST WEEK:

| DATE | FROM | TO |
|------|------|----|
| | | |
| | | |
| | | |
| | | |
| | | |

HOW MANY COMPANIONS YOU HAVE IN YOUR RESIDENCE? _____

(Consent is hereby given by the undersigned subject to the provisions of RA10173 of the Data Privacy Act)

SIGNATURE

PPA Entry Protocol

DATE: _____

NAME: _____

AGENCY: _____

RESIDENCE: _____

STATE YOUR BODY TEMPERATURE UPON ENTRY: _____

PUT A ☒ MARK IF YOU HAVE THE FOLLOWING CONDITIONS:

| FEVER | COUGH | COLDS | SORE THROAT |
|-------|-------|-------|-------------|
| | | | |

STATE YOUR TRAVEL POINTS FOR THE PAST WEEK:

| DATE | FROM | TO |
|------|------|----|
| | | |
| | | |
| | | |
| | | |
| | | |

HOW MANY COMPANIONS YOU HAVE IN YOUR RESIDENCE? _____

(Consent is hereby given by the undersigned subject to the provisions of RA10173 of the Data Privacy Act)

SIGNATURE