



Republic of the Philippines
Benguet State University

La Trinidad, 2601, Benguet
 Tel (074) 422-2401/2402/2127 Telefax (074) 422-2281

HEALTH DECLARATION FORM (HDF)
(For Students)



Instructions: 1. Accomplish form in duplicate (2) copies 2. Student must Fill out the form where applicable. 3. Entry point is at the BSU Gate 3 (Outpost, across Valley Bread Outlet, Km. 6, La Trinidad, Benguet) only, 4. proceed to the BSU Anthurium Hall and present your HDF. 5. Proceed to your College/Academic Institute/GS/OU and or other offices that you need to transact with. Follow safety measures being implemented in the University.

This health status survey is conducted to ensure that all students studying/coming to BSU are in good health and that no one is exhibiting any of the symptoms of the COVID-19.

As part of the BSU precautionary measures and to ensure the health and well-being of the students, this mandatory questionnaire is issued to collect information on your health declaration. Please answer the form accurately and completely. The information gathered will be treated with the utmost confidentiality pursuant to the provisions of the Data Privacy Act of 2012 and other applicable laws and rules. Data gathered will be used only for the purpose herein mentioned. Thank you.

PROFILE:

Date: _____
 Name: _____ Age: _____ Sex: _____
 Present Address: _____
 Email Address: _____ Cellphone Number: _____
 Place of Origin: _____ Degree/Year Level: _____
 College/Institute/GS/OU: _____

BODY TEMPERATURE DATA:

Date										
Temperature (°C)										

Name of Triage Officer: _____

Have you experienced any of the following signs and symptoms in the last 2 weeks?

DESCRIPTION	Yes	No
Sore/Painful throat		
Colds and runny nose		
Cough		
Headache		
Fever (temperature above 37.6 °C)		
Other Symptoms (i.e. headache, fatigue, body pains, diarrhea). Please identify.	Other symptoms	Date of onset of each symptom

Have you been in contact with a COVID positive patient in the last 2 weeks? Yes ___ No ___

DECLARATION:

I hereby certify that the above information is true and correct. I understand that my failure to answer, or any false or misleading information given by me may be used as a ground for the filing of cases against me under Articles 171 and 172 of the Revised Penal Code of the Philippines, or Republic Act No. 11332, "Law on Reporting of Communicable Disease."

 SIGNATURE OVER PRINTED NAME
 Date: _____

ACTION TAKEN: _____

 Signature of Triage Officer