



MIRIAM COLLEGE

Katipunan Ave., Loyola Heights, Quezon City 1108 Philippines
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www.mc.edu.ph

Daily Health Checklist

Data Privacy Clause: *By completing this slip, I hereby agree that Miriam College may collect, use, disclose and process my personal data for the purpose of reviewing current health status of all students, employees, guests and their household members to prevent the risk of COVID-19 infection. I also understand that **my personal information is protected by the Data Privacy Act of 2012 and that I am required by the Bayanihan to heal as One Act to provide truthful information.** Requests for inspection, amendment or restriction of records must be in writing and addressed to MC's Data Privacy Office and must specify the reasons for the request. MC reserves the right to respond appropriately according to law.*

DATE: _____

TEMPERATURE: _____

PERSONAL INFORMATION

Name: _____ Sex: _____ Age: _____ Nationality: _____

Please check one: Employee Student Parent/Guardian Guest Outsourced Service Provider

Complete Home Address: _____

Is your barangay under extreme ECQ or in total lockdown? Yes No

Contact Number/s (landline and mobile): _____

Please identify the **person** and the **office of the person you are visiting**: BEU Registrar, Admissions Office and Grade 12 Classroom

PERSONAL HEALTH STATUS

- Are you currently experiencing or have you experienced **any** of the ff. symptoms within the last 2 weeks? *fever, runny nose/ cold, cough, fatigue, headache, lack of appetite, diarrhea, sore throat, tightness of the chest, loss of smell and/or taste, muscle pain, chills, fatigue, shortness of breath or vomiting*
 Yes (please specify the symptom/s: _____)
 No
- If you are not manifesting any symptoms, were you advised to undergo self-quarantine and being monitored by your barangay health workers?
 Yes (specify the number of days to complete: _____)
 No
- Have you worked together or stayed in the same close environment of a confirmed COVID-19 case?
 Yes No
- Have you travelled outside of the Philippines in the last 2 weeks? Yes No
- Have you travelled to any area in NCR aside from your home?
 Yes (please specify the city) _____
 No

HEALTH STATUS OF HOUSEHOLD MEMBERS

- Is anyone in your household currently experiencing any of the symptom/s and/or have experienced any of the symptom/s listed above within the last 2 weeks? Yes _____ No _____
- If your household member/s is/are not manifesting any symptoms, is/are any of them undergoing self-quarantine and is/are being monitored by your barangay health workers?
Yes _____ (specify the number of days to complete: _____) No _____

Signature

Signature of parent/guardian (for students who are minor)

