



South Mansfield College

STUDENT COVID 19 DISCLOSURE FORM

Full Name:		<i>Last Name</i>	<i>First Name</i>	<i>M.I.</i>
Nationality:				
Sex:	Age:	Grade and Section:		
Contact Number:				
Email Address:				
Address in the Philippines:				
Foreign countries you have visited, transited or travelled to in the last 14 days?				
Cities in the Philippines you have lived, or transited in the past 14 days?				
Has any member of the family travelled to restricted countries or have been in close contact with persons who have known COVID-19 symptoms? Please specify.				
Have you been sick in the past 30 days?		<input type="radio"/> YES Describe condition:		<input type="radio"/> NO
Did you have any of the following in the last 14 days: fever, colds, cough, sore throat, or difficulty in breathing?		<input type="radio"/> YES Describe condition:		<input type="radio"/> NO
Have you been in close contact with farm animals or exposed to wild animals in the past 14 days?		<input type="radio"/> YES Describe condition:		<input type="radio"/> NO
Declaration: The information I have given herein is true, correct and complete. I understand that failure to answer any question or any falsified response may have serious consequences.				

DATE

SIGNATURE OVER PRINTED NAME

**Please accomplish and submit this form on March 16, 2020.



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