

COVID-19 DISCLOSURE FORM

- I have not been tested for COVID-19 and am asymptomatic of COVID-19.
- I have not been tested for COVID-19 but present symptoms of COVID-19 (i.e. dry cough, headache, fever, difficulty breathing, etc.).
Since when? _____

- I have been tested for COVID-19:
 - Using PCR Test, Date: _____
 - Using Rapid Test, Date: _____
 - The result of my test is positive.
 - I have undergone quarantine.
 - My last test was negative.
 - The result of my test is negative.
 - I am still awaiting results.

- I have come into contact with someone positive for COVID-19.
Date: _____
- I have come into contact with someone who has come into contact with someone positive for COVID-19. Date: _____

- I have come from abroad in the past three weeks.
Country: _____
 - I have undergone 14-day quarantine.
 - I have not undergone 14-day quarantine.
- I have come from the province in the past three weeks.
Province: _____
 - I have undergone 14-day quarantine.
 - I have not undergone 14-day quarantine.

With God as my witness, I attest to the truth of my answers above.

Name and Signature: _____

Address: _____

Mobile #: _____ Date: _____

This disclosure form is to be filled up every Sunday before entering MCBC Auditorium and the information herein will be treated with utmost confidentiality.

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