



HEALTH DECLARATION CHECKLIST



IMPORTANT REMINDER: Accomplish this form honestly and completely to facilitate quarantine procedures. Anyone found giving false information is liable and punishable in accordance with Philippine laws.

Personal Data:

Name: _____ 氏名

_____ Last Name First Name Middle Name
Sex 性別 Age 年齢 Nationality 国籍: JAPANESE

Flight # 便名 _____ Arrival Date 到着日 _____

ADDRESS IN THE PHILIPPINES:

House No. Street Brgy./Subd.

_____ Town/City [例]

NAME OF HOTEL (For Tourists): ホテル名: TRADERS HOTEL

Address of Hotel: 3001 Roxas, Boulevard, Pasay City

_____ Town/City

Tel. No. /Mobile No.: (063) 02-708-9850

E-mail Address: _____

Travel History:

Countries visited for the past two (2) weeks: 過去2週間に訪問した国
JAPAN

Please check if you have any of the following at present or during the past 14 days: 過去14日間の体調について

- Fever 熱
- Headache 頭痛
- Sore Throat 喉の痛み
- Body Weakness 体のだるさ
- Difficulty of Breathing 呼吸困難
- Severe Diarrhea 重度の下痢
- Cough 咳

※基本的には

History of Exposure :

NOにチェック

★ Yes No

Did you visit any health worker, hospital, clinic or nursing home?

Did you visit any zoo, poultry farm, animal market or slaughter house?

Did you take anti-fever medication during the last 4 - 6 hours?

ご署名(旅券と同様)

★医療機関に行きましたか?

動物園、家禽農場等へ行きましたか?

Signature of Passenger / Crew

4~6時間以内に解熱薬を服用しましたか?