



GREEN MOUNTAIN TRIBE INC.

COVID-19 SCREENING ASSESSMENT FORM

IN COMPLIANCE WITH IATF PROTOCOL, THE TEAM WOULD LIKE TO ASSESS THE FOLLOWING COMMON SYMPTOMS OF COVID-19 AND EXPOSURE. PLEASE ANSWER TRUTHFULLY.

ALL ASSESSMENT WILL BE KEPT CONFIDENTIAL.

GENERAL INFORMATION

NAME				
FIRST NAME	MIDDLE NAME	LAST NAME	NICKNAME	EXT. NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS				
STREET NO.	STREET ADDRESS/BARANGGAY	CITY/TOWN/MINICIPALITY	ZIP CODE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
CONTACT PHONE NUMBER		MOBILE PHONE NUMBER	EMAIL ADDRESS	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	EMAIL ADDRESS <input type="text"/>			

GENERAL ASSESSMENT

IN THE PAST TWO WEEKS, HAVE YOU HAD NEW ONSET OF **FEVER**?

☐ YES ☐ NO

IN THE PAST TWO WEEKS, HAVE YOU HAD NEW ONSET OF **COUGH**?

☐ YES ☐ NO

IN THE PAST TWO WEEKS, HAVE YOU HAD NEW ONSET OF **SHORTNESS OF BREATH**?

☐ YES ☐ NO

IN THE PAST TWO WEEKS, HAVE YOU HAD NEW ONSET OF **CHILLS**?

☐ YES ☐ NO

IN THE PAST TWO WEEKS, HAVE YOU HAD NEW ONSET OF **SORE THROAT**?

☐ YES ☐ NO

IN THE PAST TWO WEEKS, HAVE YOU HAD NEW ONSET OF **MUSCLE ACHE**?

☐ YES ☐ NO

IN THE PAST TWO WEEKS, HAVE YOU HAD NEW ONSET OF **LOSS OF TASTE OR SMELL**?

☐ YES ☐ NO

IN THE PAST TWO WEEKS, HAVE YOU HAD NEW ONSET OR WORSENING OF **SEVERE HEADACHE**?

☐ YES ☐ NO

IN THE PAST TWO WEEKS, HAVE YOU HAD NEW ONSET OR WORSENING OF **RUNNY NOSE OR NASAL CONGESTION**?

☐ YES ☐ NO

IN THE PAST TWO WEEKS, HAVE YOU HAD NEW ONSET OR WORSENING OF **NAUSEA, VOMITTING, DIARRHEA** THAT'S NOT RELATED TO CHRONIC OR SEASONAL ILLNESS?

☐ YES ☐ NO

GENERAL ASSESSMENT

HAVE YOU HAD A CLOSE CONTACT WITH ANYONE WHO HAD COVID-19?

CLOSE CONTACT IS DEFINED AS LESS THAN 6FT IN MORE THAN 10 MINUTES

☐ YES ☐ NO

HAVE YOU HAD DIRECT CONTACT WITH FLUIDS TO ANYONE YOU KNOW WHO HAD COVID-19 WITH OR WITHOUT WEARING MASK?

FOR EXAMPLE BEING COUGHED OR SNEEZED TO

☐ YES ☐ NO

DID YOU TRAVEL OUTSIDE THE COUNTRY WITHIN THE PAST 14 DAYS?

☐ YES ☐ NO

HAVE YOU'VE BEEN DIAGNOSED WITH COVID-19 AND NOT YET CLEARED TO DISCONTINUE ISOLATION?

☐ YES ☐ NO

HAVE YOU HAD COVID-19 TEST (SWAB/RAPID) AND IS AWAITING RESULT WITHIN 10 DAYS?

☐ YES ☐ NO

WITHIN 14 DAYS, HAS A PUBLIC HEALTH OR MEDICAL PROFESSIONAL TOLD YOU TO SELF-MONITOR, SELF-ISOLATE, OR SELF-QUARANTINE BECAUSE OF THE CONCERNS OF COVID-19?

☐ YES ☐ NO

ARE YOU WORKING IN A COVID-19 FACILITY?

☐ YES ☐ NO

ATTESTATION

LIST OF PLACES OUTSIDE METRO MANILA YOU'VE BEEN TO IN THE LAST 14 DAYS:

ANSWER N/A IF NONE

LIST OF PLACES ABROAD YOU'VE BEEN IN THE PAST 14 DAYS:

ANSWER N/A IF NONE

WHAT IS YOUR CURRENT BODY TEMPERATURE?

I HEREBY DECLARE THE QUESTION WERE ANSWERED TRUTHFULLY.
WRITE YES IF YOU'VE ANSWERED TRUTHFULLY, FOLLOWED BY YOUR SURNAME AND THEN YOUR FIRST NAME.
(E.G. YES DELACRUZ JUAN)

SIGNATURE AND DATE

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