BARANGAY ISOLATION UNITS IN ACCORDANCE WITH HEALTH PROTOCOLS CHECKLIST

Region : _____

Province : _____

Municipality : _____

Barangay Name	With Isolation Unit? (Yes or No)	With MHO Certification? (Yes or No)	With Final Inspection Report (KC Funded Sub-Project)

Prepared by:

_____
M/CEF

Noted by:

_____
MHO Officer

Date Accomplished: _____