(BoQ) under the Department of Health (DOH), with the category of a first- class line bureau, shall have a nationwide scope of function and international commitment in accord with the International Health Regulations (IHR) of the (WHO).

Jurisdiction and Functions of the Bureau

The examination at ports of entry and exit in the Philippines of incoming and outgoing vessels and aircrafts,

The necessary surveillance over their sanitary conditions, as well as over their cargoes, passengers, crews, and all personal effects, and

The issuance of quarantine certificates, bills of health, or other equivalent documents shall be vested in and be conducted by the Bureau.

This Bureau shall have authority over incoming and outgoing vessels both domestic and foreign, including those of the army and navy, their wharfage and anchorage, and over aircraft and airports, insofar as it is necessary for the proper enforcement of the provisions of this Act.

Republic of the Philippines
Department of Health
Bureau of Quarantine

HEALTH DECLARATION FORM FOR COVID-19

Date: _____

Name: _____
Region: _____

Date of Birth: _____ Age: ____ Sex: _____
Civil Status: _____

Contact No.: _____ Address: _____
_____

Name of Vessel: _____ Port: _____
LMA: _____

To assist us in protecting the health of the crew on the ship you are joining, please answer the following questions:

	QUESTIONAIRE:
1.	a. Did you undergo COVID Swab Test? If yes, when? _____ Where? _____ Result: _____ b. Embarkation History (for off-signers) When did you join the vessel? _____ Where did you join the vessel? _____
2.	a. Do you have any co-morbidities like hypertension, diabetes, cancer cardiovascular diseases, etc.? If yes, what? _____ b. Did you undergo any medical procedure in the past? If yes, what? _____ When? _____
3.	Do you have any of the following symptoms for the last 14 days? ● Fever (≥38 degrees Celsius) ● Body weakness ● Dry cough ● Sore throat ● Colds ● Vomiting ● Diarrhea ● Breathing difficulties or shortness of breath ● Loss of Taste and smell

Medical Officer's Remarks:

[ ] Cleared for Embarkation
[ ] Not Cleared for Embarkation, reason: _____

[ ] Cleared for Disembarkation
[ ] Not Cleared for Disembarkation, reason: _____

_____
Quarantine Medical Officer

I hereby declare that I didn't manifest any signs & symptoms of COVID19 from the day of my arrival and during the time of my physical examination; and that all information given above is true to the best of my knowledge and beliefs.

_____
_____
_____

Signature over Printed Name

Room 228 Bldg 280 Public Health and Safety Department Dewey Ave Subic Bay Freeport Zone; 2222
Contact Nos.: 0925-5899890/0919-3479167/+63 922 777 1985/ + 63 905 447 8203
E-mail Address:subicstationquarantine@gmail.com or jmm.boqdoh@gmail.com