Tarlac State University
HUMAN RESOURCE DEVELOPMENT & MANAGEMENT OFFICE

HEALTH SURVEY AND PROFILE FORM

Employee ID Number : _____ Age : _____ Gender : _____

Complete Home Address : _____

_____

Contact No./s : _____

Pls. Check if:	**YES**	**NO**	**COMMENTS**
A. History of Travel and Exposure			
1. **History of Travel:** (international/domestic) – if yes, indicate date and place;			
2. **History of exposure to COVID-19 case/s:** if yes, indicate date and place;			
B. Had Chest X-Ray (CXR) done: if yes, indicate result;			
C. Had COVID-19 Test: if yes, please indicate test date and result;			
D. Flu-like symptoms for the past 2-4 weeks:			
a. Fever;			
b. Cough;			
c. Sore throat;			
d. Colds / Runny nose;			
e. Shortness of breath;			
f. Severe whole-body pains;			
g. Other symptoms: please specify;			
E. Have you had hospitalizations since January 2020? (Please indicate hospitalization date and diagnosis)			
F. Current Medical Conditions:			
a. Cancer (past/present);			
b. High Blood Pressure;			
c. Diabetes;			
d. Blood Disorders / Hematologic Disease;			
e. Kidney/Renal Disease;			
f. Lung Disease;			
g. Heart Disease;			
h. Stroke (past/present);			
Please Check if:			
G. Mental Health Conditions during the quarantine period:			
a. Changes in sleep patterns / Difficulty sleeping;			
b. Changes in eating pattern/appetite;			
c. Feeling stressed, worried or anxious;			
d. Difficulty concentrating or focusing;			
e. Other issues / concerns:			

By signing below, I certify the correctness and truthfulness of the above information that I have willfuly given. Also, I am agreeing to the Data Privacy Policy of the University and therefore giving my consent in the collection and processing of my personal data herein provided.

_____ _____
Signature Date