

## Health Declaration Form

### COVID-19

The safety of the employees remains as the top priority of the Company. As the outbreak of Coronavirus Disease 2019 (COVID-19) continues, the Company continues to be vigilant in preventing its spread and reduce the potential risk of exposure of everyone in the workplace. Please answer this Form to help us take the necessary precautionary measures to protect you and everyone in the Company premises.

Employee's Full Name:			
	Last Name	First Name	Middle Name
Contact Number:		Sex:	Age:
1.	Did you visit a hospital, clinic or medical health facility in the past 14 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	In the last 14 days, did you have any of the following: fever, colds, cough, sore throat, or difficulty in breathing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	In the last 14 days, have you been in close contact with a Suspect Case, Probable Case or Confirmed COVID 19 positive patient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	What places have you been in the last 14 days?		

#### Certification and Data Privacy Consent

I certify that the information I have provided is true, correct and complete. I hereby give my full consent to Ayala Property Management Corporation (the "Company") to collect, record, and process information, whether personal, sensitive or privileged, pertaining to myself for the purpose of drafting and implementing internal policies related to the prevention and/or containment of COVID-19 in the workplace. In this connection, I acknowledge that I have read, understood and/or have been duly informed of the terms and conditions pertaining to the data privacy practices of the Company as reflected in the Company's Data Privacy Policy at <https://www.ayalaproperty.com.ph/privacy-policy/> and I hereby express my full conformity thereto.

\_\_\_\_\_

Name and Signature

Date: \_\_\_\_\_

