



**MARITIME ACADEMY OF ASIA AND THE PACIFIC - KAMAYA POINT
INFIRMARY**

Associated Marine Officers' and Seamen's Union of the Philippines – PTGWO-ITF
Kamaya Pt., Brgy. Alas-asin, Mariveles, Bataan

HEALTH DECLARATION FORM

DATE: _____

NAME: _____

CONTACT NO.: _____

ADDRESS: _____

BODY TEMPERATURE (*to be accomplished by the MAAP
Representative on the day of your examination*): _____

Do you have any of the following for the last 2 weeks or today?	YES	NO	REMARKS
Cough/ Sore throat/ Colds			
Shortness of breath			
Fever			
Headache			
Loss of smell/ taste			
Diarrhea			
Contact or exposure to COVID positive			

Recent Travel History: _____

Medications: _____

SIGNATURE OVER PRINTED NAME