



HEALTH DECLARATION REGISTRATION PLATFORM

IMPORTANT!

Please note that ANY and ALL information inputted in and submitted via this form will be reflected on your Certificate from the Bureau of Quarantine. Incorrect information may lead to delays in your release from quarantine. All the fields in red and with asterisk (*) must be filled out / answered. Please be guided accordingly.

(Ang lahat ng impormasyong inyong ipapasa sa form na ito ay magiging batayan sa paggawa ng inyong Sertipiko mula sa Kawanihan ng Kuwarentina. Magdudulot ng pagkaantala sa inyong paglalakbay o pag-uwi ang anumang maling impormasyong inyong isasaad. Lahat ng naka pula at may markang asterisk (*) ay kailangang sagutan. Para sa inyong gabay.)

PERSONAL PROFILE

Last Name *	ONIGAWARA	First Name *	GONZO	Middle Name	ENTER MIDDLE NAME	Suffix	SELECT SUFFIX		
Birthdate *	06/15/1991	Age	30	Sex *	MALE	Civil Status *	MARRIED	Nationality *	JAPANESE
Philhealth No.	ENTER PHILHEALTH NUMBER	Passport Number *	TT0000000	Contact No. *	+81090000000	Email *	HOG@HOG.HOG		
Occupation *	OFFICE WORKER								

RESIDENCE DETAILS (This address will be used for your BOQ Certificate)

Reminder: This address must be your address where you will go home and continue your quarantine period.

Paalala: Ang address na ito ay dapat na iyong address kung saan uuwi ka upang ipagpatuloy ang iyong quarantine period.

Destination upon arrival in the Philippines? *

RESIDENCE HOTEL/RESORT/TOURIST DESTINATION

Name of Hotel *

KANDI GROSVENOR SQUARE CONDO

Province * Municipality/City * Barangay

PAMPANGA CITY OF ANGELES BALIBAGO

TRAVEL DETAILS

TRAVEL ITINERARY

Country/Territory of Port of Exit * Airline Name *

JAPAN JAPAN AIR

Flight Number * Others (Specify) Flight No. Date of Departure * Date of Arrival in the Philippines *

JL741 ENTER FLIGHT NO 04/30/2022 04/30/2022

Seat/Bed No.

16A

TYPE OF TRAVELER

For FOREIGN NATIONAL *

TOURIST

Others (Please specify.)

OTHERS

Purpose of Travel *

SIGHTSEEING

Address Abroad *

JOSEFA SUBD, FLORA ST, BRGY, ANGELES, 2009 PAMPANGA

VACCINE INFORMATION

Have you been vaccinated for COVID-19? *

YES NO

FIRST DOSE

YES NO

Date of 1st Dose * Name of Vaccine *

08/01/2021 BIONTECH, PFIZER

SECOND DOSE

YES NO

Date of 2nd Dose * Name of Vaccine *

08/25/2021 BIONTECH, PFIZER

Upload Vaccine Card/Certificate *

ファイルを選択 SCREEN...394EE.JPG

(PDF/JPEG/JPG/PNG)

NOTE: Only verifiable vaccination card from countries listed below are accepted as per IATF Resolutions

- Albania • Argentina • Armenia • Australia • Austria • Azerbaijan • Bahrain • Bangladesh • Belgium • Brazil • British Virgin Island • Brunei Darussalam • Bulgaria • Cambodia • Canada • Chile • Colombia • Croatia • Cyprus • Czech Republic • Denmark • Ecuador • Egypt • Estonia • France • Georgia • Germany • Greece • Hong Kong SAR • India • Indonesia • Iraq • Ireland • Iran • Israel • Italy • Japan • Kazakhstan • Kuwait • Macau SAR • Malaysia • Maldives • Malta • Mexico • Monaco • Myanmar • Nepal • New Zealand • Oman • Palau • Panama • Papua New Guinea • Peru • Portugal • Qatar • Republic of Korea • Romania • Samoa • Singapore • Slovakia • Slovenia • Spain • Sri Lanka • Switzerland • Syria • Taiwan • Thailand • The Netherlands • Timor Leste • Tunisia • Turkey • United Arab Emirates • United Kingdom • United States of America • Uruguay • Vietnam

COVID-19 RT-PCR/ANTIGEN TEST RESULT

Do you have negative RT-PCR Test Result taken within 48 hours or Antigen Test taken within 24 hours before your scheduled departure? *

YES NO

RT-PCR/Antigen Test Result * Date of Swab *

ファイルを選択 IMG20220...2236.JPG 04/29/2022

(PDF/JPEG/JPG/PNG)

TESTING PROTOCOL (IN CASE COVID-19 TESTING IS REQUIRED)

Testing Laboratory (In Alphabetical Order) *

PHILIPPINE AIRPORT DIAGNOSTIC LABORATORY

COUNTRIES TRAVELED

Country(jes) worked, visited and transited in the last 30 days:

Country 1 Country 2 Country 3 Country 4

SELECT COUNTRY SELECT COUNTRY SELECT COUNTRY SELECT COUNTRY

EXPOSURE HISTORY

History of exposure to known probable and/or confirmed COVID-19 case 14 days before the onset of signs and symptoms? OR If Asymptomatic, 14 days before swabbing or specimen collection? *

YES NO UNKNOWN

CLINICAL INFORMATION

Have you been sick in the past 30 days? *

YES NO

COMORBIDITIES

Cancer
 Diabetes
 Gastrointestinal
 Genito Urinary
 Heart Disease
 Hypertension
 Lung Disease
 Neurological Disease

Others Comorbidities, specify:

ENTER OTHER COMORBIDITIES

DATA PRIVACY AND AFFIDAVIT OF UNDERTAKING

I, under oath, depose and say; THAT: (Ako ay nanunumpa at nagsasabi; NA:)

1. The information given in this form is true, complete, and accurate. I am fully aware that I can be held criminally liable for any misdeclaration, or intentional omission made herein, pursuant to Republic Act No. 11332 or the "Mandatory Reporting of Notifiable Diseases and Health Events of Public Concern Act" and other applicable laws and regulations.

(Nauunawaan ko na kailangan kong magbigay ng tama at totooang impormasyon batay sa aking nalalaman. Alam kong maaari akong makasuhang kriminal sa pagbigay ng mali o hindi tamang impormasyon, ayon sa Republic Act No. 11332 o ang "Mandatory Reporting of Notifiable Diseases and Health Events of Public Concern Act" at iba pang mga naaayong batas at regulasyon.)

2. I authorize Department of Health (DOH) / Bureau of Quarantine (BOQ), to collect and process the data indicated herein for the purpose of effecting control of the CoVID-19 infection and for advance information arrival purposes. I understand that my personal information is protected by R.A. 10173, Data Privacy Act of 2012, and that I am required by Republic Act No. 11332 or the Mandatory Reporting of Notifiable Diseases and Health Events of Public Concern Act, to provide truthful information. Before registering, please read the full text of our Privacy Notice here.

(Sa kanilang pinahintulutan Department of Health (DOH) / Bureau of Quarantine (BOQ), na kolektahin at iproseso ang datos na ipinahiwatig dito para sa hangarin na mapanatili ang kontrol ng impeksyon sa CoVID-19. Naiintindihan ko na ang aking personal na impormasyon ay protektado ng R.A. 10173, Data Privacy Act ng 2012, at obligado ako ng Republic Act No. 11332 o ang Mandatory Reporting of Notifiable Diseases and Health Events of Public Concern Act, upang magbigay totooang impormasyon.) Bago magparehistro, mangyaring basahin ang buong salaysay ng aming Privacy Notice dito.

3. If required, I will stay in the hotel I indicated which is an accredited quarantine facility by the Department of Tourism (DOT) and Bureau of Quarantine (BOQ). As consequence of the ongoing COVID-19 pandemic and the mandatory health and safety protocols of the Inter-Agency Task Force for the Management of Emerging Infectious Disease (IATF-MEID), I hereby voluntarily submit myself to verification of my COVID-19 vaccination and negative RT-PCR test result. And when these cannot be independently verified or found to be unacceptable, I will voluntarily submit to undergo required five (5) days mandatory facility-based quarantine at my assigned quarantine hotel facility; and shall stay therein until I undergo mandatory RT-PCR Test on the 5th day of quarantine and when my Quarantine Certificate has been issued to me by the Bureau of Quarantine upon the release of my negative RT-PCR test result.

I am fully aware that I can be held criminally liable for any failure on my part to observe the mandatory quarantine and RT-PCR testing requirements, if required, pursuant to the provisions of Section 9 (b), (d), and (e) of the Republic Act No. 11332 or the "Mandatory Reporting of Notifiable Diseases and Health Events of Public Concern Act" and other applicable laws and regulations.

(Kung kailangan, Mananatili ako sa hotel na aprobado at accredited na quarantine na pasilidad ng Department of Tourism (DOT) at ng Bureau of Quarantine (BOQ). Bilang tugon sa kasalukuyang pandemya ng COVID-19 at mandatory proteksyon sa kalusugan at kaligtasan na pinatupad ng Inter-Agency Task Force for the Management of Emerging Infectious Disease (IATF-MEID), I hereby voluntarily submit myself to verification of my COVID-19 vaccination and negative RT-PCR test result. At kung sakaling ito ay hindi katanggap-tanggap, kusang-loob kong isumilang ang aking sarili sa proseso ng pagpapatunay ng aking vaccination at negative RT-PCR test result. At kung sakaling ito ay hindi katanggap-tanggap, kusang-loob kong isumilang ang aking sarili sa sumailalim sa kinakailangang limang (5) araw kuwarentena sa aking nakatalagang quarantine hotel; at mananatili doon hanggang sa sumailalim ako ng RT-PCR sa ika-5 araw ng kuwarentena at kapag ang aking Quarantine Certificate ay inisyu sa akin ng Bureau of Quarantine sa paglabas ng aking negatibong resulta ng RT-PCR test)

Alam kong maaari akong makasuhang kriminal sa anumang pagkabigo sa aking bahagi na obserbahan ang ipinag-uutos na quarantine requirement at mga kinakailangan sa pagsusuri ng RT-PCR, kung kailangan, alinsunod sa mga probisyon ng Seksyon 9 (b), (d), at (e) ng Republic Act No. 11332 o ang "Mandatory Reporting of Notifiable Diseases and Health Events of Public Concern Act" at iba pang mga naaangkop na batas at regulasyon.)

I hereby attest that all the information stated in this application are true and correct based on my personal knowledge. I am fully aware that I can be subject to criminal liability for any misinterpretation of my part. I agree to the terms and conditions stated herein.

CAPTCHA SECURITY

ENTER CAPTCHA *

RQVVRQ

SUBMIT