 <p>PHILIPPINE HEART CENTER Incident Command Post for Covid-19</p>	Document Type	Document Code: GL-ICP-061
	GUIDELINES	Effective Date: September 2020
	Document Title	Revision Number 0
	USER GUIDE FOR ALL EMPLOYEES ON THE ONLINE HEALTH DECLARATION FORM (VERSION 2) FOR COVID-19	Page: 2 of 5

I. INTRODUCTION:

The PHC Health Declaration Form (HDF) is a web-based application that collects data on the health status of Philippine Heart Center employees, consultants and contracted service workers every 14 days in line with the PHC Covid-19 Pandemic Initiatives under the Incident Command.

II. OBJECTIVE:

This is to ensure proper utilization of the Online Health Declaration Form and encourage compliance of all concerned.

III. SCOPE:


This is a guide for all PHC employees, consultants and contracted service workers in using the Online Health Declaration Form.

IV. GUIDELINES:

a. Mode of Access:

The application can be accessed using personal computer (PC) or any mobile device that is connected to the following:

1. Local Area Network (LAN)
2. PHC Wifi
3. Telco Data Service

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b. Procedure:


1. Intranet (web.phc.gov.ph):

To access the Health Declaration Form thru the Intranet, perform the following:

- 1.1. Click **HRD Information System**
- 1.2. Click **Personal Data Sheet**
- 1.3. Log-in to **On-Line Personal Data Sheet**


2. Internet:


To access the HDF thru the internet, type <https://www.phc.gov.ph/hdf/> on the browser and log in.

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c. Accomplishing the Health Declaration Form:

1. The respondent's profile will be displayed after log-in. To answer each question, click either the **Yes** or **No** box. (The system allows no response to questions in **C. FOR SURGEONS/INTERVENTIONALIST AND ANESTHESIOLOGIST** only).
2. To submit response, click the box before "*I hereby certify...*".

 Philippine Heart Center Center for Excellence in Cardiovascular Care		Home	Logout	Change Password		
PHYSICIAN / PHC PERSONNEL HEALTH DECLARATION FORM FOR COVID-19						
Name (Surname, Firstname, Middle name)		Age	Sex	Date	ID No.	
BANLAYGAS ROSALIE BERNARDO		48	F	2020-09-07	2991	
					Contact No. 09196644299	
Instructions: Please tick the appropriate response.					YES	NO
A. COVID-19 CONFIRMED/PROBABLE: The following s/are true within the last 14 days						
1. Have you been diagnosed with COVID-19?					<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a pending test result for COVID-19 RT-PCR swab) at PHC or another testing center?					<input type="checkbox"/>	<input type="checkbox"/>
B. TRAVEL and COVID EXPOSURE: The following are true within the last 14 days						
1. Have you been in close contact (<1 meter, > than 15 mins, and without face mask/respirator) with a person positive for COVID-19? (including Patients, Co-workers, Family and Household members)?					<input type="checkbox"/>	<input type="checkbox"/>
2. Did you visit a crowded place without PPE, wearing a face mask?					<input type="checkbox"/>	<input type="checkbox"/>
C. SIGNS AND SYMPTOMS: Have you experienced any of the following in the last 14 days?						
1. Chills/ Fever (T> 38 °C)					<input type="checkbox"/>	<input type="checkbox"/>
2. Shortness of breath or difficulty of breathing					<input type="checkbox"/>	<input type="checkbox"/>
3. Sore throat or cough and colds					<input type="checkbox"/>	<input type="checkbox"/>
4. Other signs and symptoms Headache, Muscle pains, Diarrhea, Anosmia, Loss of Taste					<input type="checkbox"/>	<input type="checkbox"/>
D. FOR SURGEONS/INTERVENTIONALISTS AND ANESTHESIOLOGIST:						
The following are true within the last 14 days						
1. Did you perform surgery/procedure on a confirmed COVID-19 patient at PHC or another hospital?					<input type="checkbox"/>	<input type="checkbox"/>
2. Did you perform surgery/procedure on a patient with pending test result for COVID-19 at PHC or at another hospital?					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I hereby certify that the information given above are true, correct, and complete. I understand that falsification is PUNISHABLE BY LAW with one to six months imprisonment and P20,000-50,000 FINE by Republic Act 11332.						

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- Once submitted, the system will display the next schedule of submitting the Health Declaration Form. Click **Logout** to close the HDF.

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PHYSICIAN / PHC PERSONNEL HEALTH DECLARATION FORM FOR COVID-19				
Name (Surname, Firstname, Middle name)	Age	Sex	Date	ID No.
BANLAYGAS ROSALIE BERNARDO	48	F	2020-09-07	2991
			Contact No.	09196644299
Instructions: Please tick the appropriate response.				
A. COVID-19 CONFIRMED/PROBABLE: The following s/are true within the last 14 days				
1. Have you been diagnosed with COVID-19?			YES	NO
2. Do you have a pending test result for COVID-19 RT-PCR (swab) at PHC or another testing center?			<input type="checkbox"/>	<input type="checkbox"/>
B. TRAVEL and COVID EXPOSURE: The following are true within the last 14 days				
1. Have you been in close contact (<1 meter, > than 15 mins, and without face mask/respirator) with a person positive for COVID-19? (including Patients, Co-workers, Family and Household members)?			<input type="checkbox"/>	<input type="checkbox"/>
2. Did you visit a crowded place without PPE, wearing a face mask?			<input type="checkbox"/>	<input type="checkbox"/>
C. SIGNS AND SYMPTOMS: Have you experienced any of the following in the last 14 days?				
1. Chills/ Fever (T > 38 °C)			<input type="checkbox"/>	<input type="checkbox"/>
2. Shortness of breath or difficulty of breathing			<input type="checkbox"/>	<input type="checkbox"/>
3. Sore throat or cough and colds			<input type="checkbox"/>	<input type="checkbox"/>
4. Other signs and symptoms Headache, Muscle pains, Diarrhea, Anosmia, Loss of Taste			<input type="checkbox"/>	<input type="checkbox"/>
D. FOR SURGEONS/INTERVENTIONALISTS AND ANESTHESIOLOGIST:				
The following are true within the last 14 days				
1. Did you perform surgery/procedure on a confirmed COVID-19 patient at PHC or another hospital?			<input type="checkbox"/>	<input type="checkbox"/>
2. Did you perform surgery/procedure on a patient with pending test result for COVID-19 at PHC or at another hospital?			<input type="checkbox"/>	<input type="checkbox"/>
You had submitted your Health Declaration Form last 8/26/2020. Your next schedule will be on 9/9/2020				