



**Republic of the Philippines  
CIVIL AVIATION AUTHORITY OF THE PHILIPPINES**

**AIRMAN APPLICANT HEALTH DECLARATION FORM**

Temperature:			
Full Name:			
<i>Surname</i>		<i>First Name</i>	
<i>Middle Name</i>			
Company/Organization:	Sex:	Age:	Contact No.:
Home Address:	Mode of transportation to and from CAAP:		
	<input type="checkbox"/> Private Car	<input type="checkbox"/> Carpool	
	<input type="checkbox"/> Company Vehicle	<input type="checkbox"/> Public Transport	
Email Address:			
Cities/ Provinces in the Philippines you have worked, lived, or transited in the past 14 days?			
Foreign countries you have worked, lived, or transited in the past 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes please specify:	
Have you been sick in the past 30 days? <input type="checkbox"/> Yes, <i>please describe condition:</i> <input type="checkbox"/> No			
Have you visited any hospital for the past 30 days?		<input type="checkbox"/> Yes, <i>list name of institution:</i> <input type="checkbox"/> No	
In the last 14 days, did you have any of the following: fever, cough, colds, sore throat, diarrhea or, difficulty of breathing?		<input type="checkbox"/> Yes, <i>please specify:</i> <input type="checkbox"/> No	
Have you had direct contact with farm animals or Exposed to wild animals in the past 14 days?		<input type="checkbox"/> Yes, <i>please specify:</i> <input type="checkbox"/> No	
Have you been exposed to a suspect, probable or positive Covid-19 patient for the past 14 days?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Personal Declaration</b>			
I, _____ ( <i>Printed Name</i> ) have answered the above questions truthfully and to the best of my knowledge. I am fully aware that I will be held liable for any false declaration under the regulations.			
_____ Signature Over Printed Name		_____ Date	
<i>Please be advised that the above information shall only be used in relation with CAAP- OFSAM internal health protocols in accordance with the Data Privacy Act. For any concerns, you may contact <a href="mailto:aeromedical@caap.gov.ph">aeromedical@caap.gov.ph</a> or 7944-2122 to 23</i>			