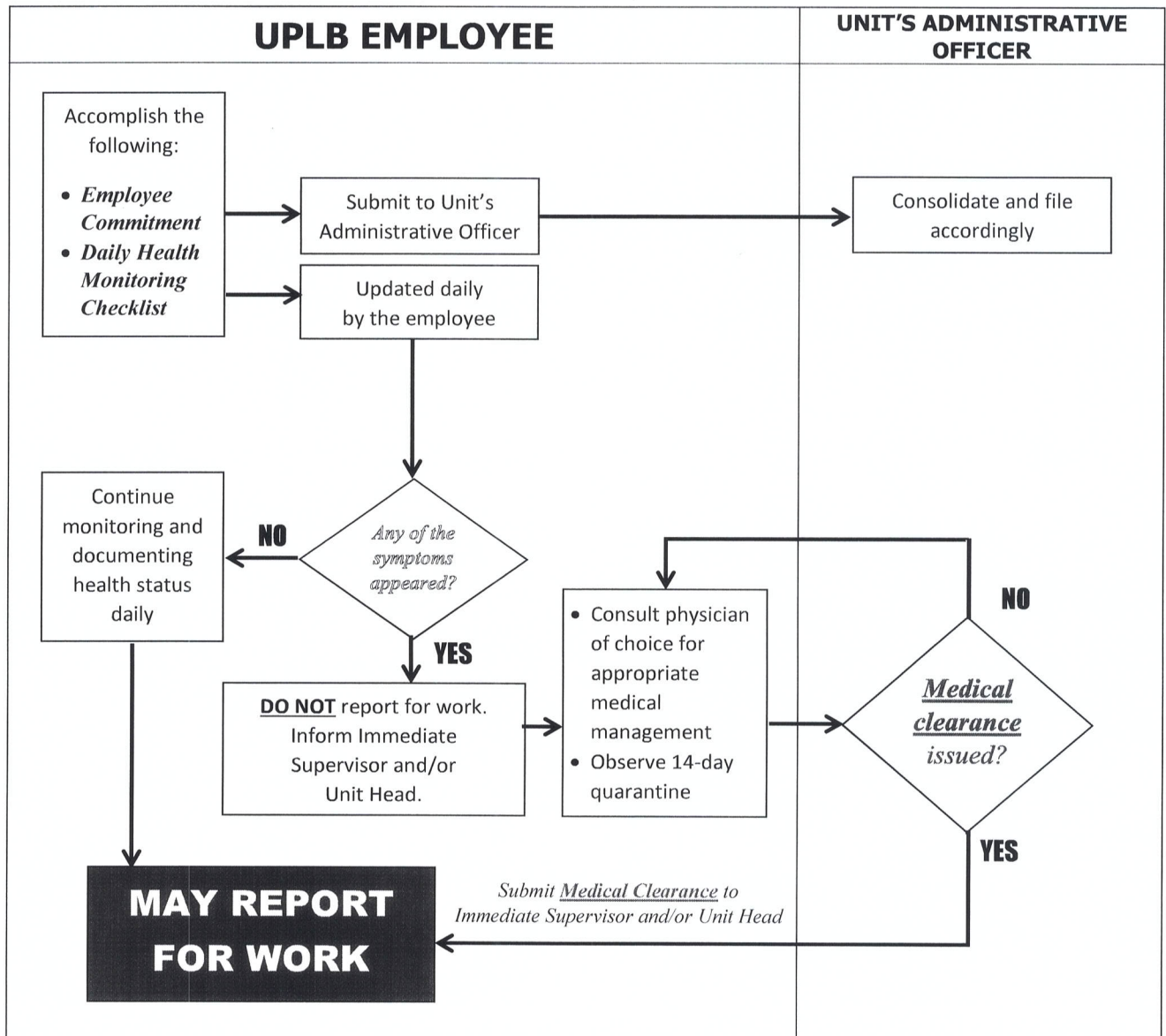




# DAILY HEALTH MONITORING PROTOCOL AT U.P. LOS BAÑOS

University Health Service, Office of the Vice Chancellor for Community Affairs  
University of the Philippines Los Baños



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**UNIVERSITY HEALTH SERVICE**  
Office of the Vice-Chancellor for Community Affairs  
University of the Philippines Los Baños



**DAILY HEALTH MONITORING SHEET**

Name (Last, First, Middle)														Dept./Office/Unit														Month / Year													
Designation														E-mail Address														Cellphone No/s.													
Signs / Symptoms	Days																																								
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31										
● No symptom																																									
● Fever / Lagnat (temp > 38 °C)																																									
● Flu-like Symptoms / Mala-trangkasong sintomas																																									
Feeling feverish / Pakiramdam na lalagnatin																																									
Headache / Sakit ng ulo																																									
Muscle or joint pains / Sakit ng buto-buto o kasi-kasuan																																									
Diarrhea / Pagtatae																																									
Lack of taste / Walang panlasa																																									
● Respiratory Symptoms																																									
Cough / Uho																																									
Colds / Sipon																																									
Sore throat / Sakit ng lalamunan																																									
Difficulty of breathing / Hirap sa paghinga																																									

Employee's Signature Above Printed Name  
(Lagda ng Empleyado sa Itas ng Pangalan)

Unit Administrative Officer's Signature Above Printed Name  
(Lagda ng Administrative Officer ng Opisina sa Itas ng Pangalan)



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**UPLB EMPLOYEE COMMITMENT TO DISCLOSE HEALTH EVENTS OF PUBLIC HEALTH CONCERN**  
*(Tungkulin ng Isang Empleyado ng UPLB na Ipaalam ang Alinmang Kaganapang Makakaapekto sa Pampublikong Kalusugan)*

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I, (Last Name, First Name, Middle Initial) \_\_\_\_\_, \_\_\_\_\_ years old,  
☐ male / ☐ female, and working at (Dept./Office/Unit) \_\_\_\_\_ commit to disclose any health event to my Supervisor or Head of Unit, such as symptoms related to COVID-19 infection, exposure or contact with a confirmed COVID-19 case, as prescribed in Republic Act 11332, otherwise known as the:

***Mandatory Reporting of Notifiable Diseases and Health Events  
of Public Health Concern Act***

That should I have the above-related health events, I shall not report to work until I have consulted with a physician, and until I have been given medical clearance.

I understand my responsibility to protect my co-workers from infectious disease hence, *I am signing this commitment.*

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Employee's Signature Above Printed Name / Date