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COVID-19 (Coronavirus) Exposure Questionnaire for Applicants with History of Foreign Travel

Please answer completely and accurately and use black ink. Please countersign on any corrections or erasures. Please provide at least two valid IDs.

Name of Policy Owner (Last, First, Middle Name)

Occupation	Place of Work	Date of Return in the Philippines
Name of Policy Insured (Last, First, Middle Name)		Policy Number:
Occupation	Place of Work	Date of Return in the Philippines

1. Have you ever been on leave of absence/sick leave due to a possible exposure of, tested positive or awaiting test results for novel coronavirus (SARS-CoV-2/COVID-19)? If yes, please provide relevant dates and details.

Yes ____ No ____

2. Have you experienced any of the following symptoms within the last 14 days?

- Any fever
- Cough
- Shortness of breath
- Malaise (flu-like tiredness)
- Rhinorrhea (mucus discharge from the nose)
- Sore throat
- Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhea

If yes, to any of these, please indicate which and provide full information.

3. Are you currently in good health and actively at work?

Yes ____ No ____

Declaration

I declare that the statements made are true and complete and agree that they shall form part of the application and shall together with the application be the basis of the proposed contract. To the extent that if the answers are not in my own handwriting the been checked by me and I certify that they are correct to the best of my knowledge.

Signed at _____ on _____

Signature of Policy Owner

Signature of Proposed Insured