关于菲律宾皇家航空马尼拉中国航线核酸检测的最新通知

更新日期：2021年05月06日
更新内容：检测费收款账户之一有更改！

- 核酸检测+第一次抗体检测（旅客自费，共计1750人民币/人）：

【检测机构】St. Luke's Medical Center Global City [MAIN ENTRANCE -正门]
【地址】Rizal Drive corner 32nd Street. and 5th Avenue Taguig
（https://goo.gl/maps/MxUunPF6bQxuYFzf8）

- 第二次抗体检测（航司免费提供）

【检测机构】Safeway diagnostic laboratory center
【地址】Ground Floor, Centillion Center Bldg., 2972 Ramon Magsaysay Blvd. Sta. Mesa, Manila, Philippines
【马尼拉联系人】Lovely
【联系电话】：09175477843

重要提示✷检测时间

✧ **不是在航司指定团队监督下的检测视为无效；未能按通知预约时间到达检测的视为放弃！**

航班	核酸+抗体检测		第二次抗体检测		航班日期
	检测日期	检测时间	检测日期	检测时间	
RW368 马尼拉-无锡 09:30-13:00	5月10（周1）	0700-1100	5月11（周2）	0800-1100	2021/5/12
	5月17（周1）	0700-1100	5月18（周2）	0800-1100	2021/5/19
	5月24（周1）	0700-1100	5月25（周2）	0800-1100	2021/5/26
	5月31（周1）	0700-1100	6月01（周2）	0800-1100	2021/6/2
	6月07（周1）	0700-1100	6月08（周2）	0800-1100	2021/6/9
	6月14（周1）	0700-1100	6月15（周2）	0800-1100	2021/6/16
	6月21（周1）	0700-1100	6月22（周2）	0800-1100	2021/6/23
	6月28（周1）	0700-1100	6月29（周2）	0800-1100	2021/6/30
	7月05（周1）	0700-1100	7月06（周2）	0800-1100	2021/7/7
	7月12（周1）	0700-1100	7月13（周2）	0800-1100	2021/7/14
	7月19（周1）	0700-1100	7月20（周2）	0800-1100	2021/7/21
	7月26（周1）	0700-1100	7月27（周2）	0800-1100	2021/7/28
	8月02（周1）	0700-1100	8月03（周2）	0800-1100	2021/8/4
	8月09（周1）	0700-1100	8月10（周2）	0800-1100	2021/8/11
	8月16（周1）	0700-1100	8月17（周2）	0800-1100	2021/8/18
	8月23（周1）	0700-1100	8月24（周2）	0800-1100	2021/8/25
	8月30（周1）	0700-1100	8月31（周2）	0800-1100	2021/9/1
	9月06（周1）	0700-1100	9月07（周2）	0800-1100	2021/9/8
	9月13（周1）	0700-1100	9月14（周2）	0800-1100	2021/9/15
	9月20（周1）	0700-1100	9月21（周2）	0800-1100	2021/9/22
	9月27（周1）	0700-1100	9月28（周2）	0800-1100	2021/9/29
	10月04（周1）	0700-1100	10月05（周2）	0800-1100	2021/10/6
	10月11（周1）	0700-1100	10月12（周2）	0800-1100	2021/10/13
	10月18（周1）	0700-1100	10月19（周2）	0800-1100	2021/10/20
	10月25（周1）	0700-1100	10月26（周2）	0800-1100	2021/10/27

温馨提示：

1、 做检测按照上表日期/时间，不用预约。三次检测的结果为阴性（**核酸阴性；两次抗体检测要求IGM和IGG都为阴性**）的旅客，可正常值机；检测结果为阳性的旅客，将被拒绝乘机。

2、 检测当天请带笔、护照原件和三份护照复印件（两份用于第一次检测，一份用于第二次检测）；如果旅客的护照正在移民局办理申请，必须携带移民局相关证明（必须有移民局签字和LOGO）；如果旅客没有护照，必须有证明护照是已报失。**不符合以上条件的旅客将不被允许参加检测，旅客所购机票视为放弃。**

3、 核酸检测当天请在工作人员指导下加入微信群，以便旅客收取检测报告扫描件后申请HS码。乘机的旅客请在航班起飞当日在机场柜台处领取检测报告原件。如有问题，请务必于检测当日与现场工作人员沟通。

4、 **进行核酸检测和第一次抗体检测**时，检测医院的儿科医生上班时间为早上10：30。出于安全考虑，**请有陪同婴儿和9岁（含）以下儿童的客人尽量在检测当天早上10：30到达医院进行检测**。

5、 在医院填表（请正确填写名字和护照号码，避免检测报告出来后有误）。

6、 核酸检测和第一次抗体检测共计**1750人民币/人**（第一次抗体检测增加IGG检测，检测费用上调至1750人民币/人），第二次抗体检测由航司免费提供。

7、 检测费请务必提前一天支付，检测费1750人民币/人请汇入以下账户：

【注意：汇款时必须备注乘机人姓名和航班号 ，方便核对；**如果没有备注名字或汇错账户，旅客须现场重新付款参加检测**；检测当天请把汇款截图给现场航司工作人员查看，以做证明，感谢配合。】

银行账号：6227 0012 1688 0039 098	**银行账号：6225220104243092**
开户银行：建设银行上海江苏路支行	**开户银行：上海浦东发展银行股份有限公司水务大厦支行**
收 款 人：李惠梅	**收 款 人：李惠梅**

血清和核酸检测流程

正门入口处， 在保安那边拿第一张表（健康申明），

填完给保安查看。

＊ 如果大堂里有很多人，请在外面排队，

大堂里的人少一些保安会让你进去的时候.＊

正门进去后， 右手边再拿第 2 张表格，填写清楚后交给负责人。

＊ 检查付款证明 （截图必须有旅客名字）＊

请稍安勿燥，等候叫名字面试。

面试后， 请等候叫名字进行检测:

1. **先做血清**
2. **做完血清，必须去排队拍照**
3. **拍完，与大使馆报名 *写清楚中文名字 ＊**
4. **报名完， 做核酸检测**

做完核酸检测，可以回家了！

（你们要飞当天会有人把报告原件送去机场给你们）

LVH 01.13.2021

中文名必须【正楷字体】，
一笔一划写自己的名字，
【不要潦草字体】

序号 # No.	姓 （拼音） Surname	名（拼音） First Name	中文名 Chinese Name	性别 Gender	出生日期 Birthdate	护照号 Passport No.
1			正楷字体，不要潦草字体			
2						

名字看不清楚， 无法审批 **HS** 绿码

移民局相关证明样版：

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF JUSTICE
BUREAU OF IMMIGRATION
MAGALLANES DRIVE, INTRAMUROS
1002 MANILA

In Re:

-Applicant-

X----------X

ORDER

On 04 November 2020, applicant filed a request for updating of stay and permission to leave. Records disclose:

Arrival date:	**07 December 2019**	**No. of months requested:**	**11**
Admission:	**9a-30 days (VUA)**	**Months overstayed:**	**10**
Latest authorized stay:	**06 January 2020**	**Application filed by:**	**Applicant**

a. Applicant bears no derogatory record as of 04 November 2020 based on the attached Certification issued by Catalino Z. Alfonso;
b. Applicant has **Thirty Day (30) Temporary Visitor's Visa Upon Arrival (TV-VUA) with** [redacted] as his travel operator;
c. Applicant provides confirmed ticket to Wuxi via RW368 dated 18 November 2020; and
d. Applicant failed to leave the country based on itinerary indicated without valid justification, in violation of the terms and conditions pursuant to his/her VUA order.

We note that the **Department of Justice Circular No. 001, Section 3(b), dated 08 January 2020,** expressly provides that "No Extension or Renewal of a TV-VUA shall be allowed".

WHEREFORE, premises considered, Applicant is hereby **ORDERED:**

1. **To pay updating fees, fines, and penalties;**
2. **To secure Emigration Clearance Certificate (ECC) and NBI Clearance;**
3. **To leave on 18 November 2020; and**
4. **To be barred from entering the country pursuant to Department of Justice Circular No. 001.**

The Tourist Visa Section shall implement this Order.

SO ORDERED.

Recommending: NOV 04 2020

ATTY. RUBEN C. CASIBANG, JR.
Head, SOCU

APPROVED / ~~DISAPPROVED~~

JAIME H. MORENTE
Commissioner

PATRIOTISM • INTEGRITY • PROFESSIONALISM

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF JUSTICE
BUREAU OF IMMIGRATION
MAGALLANES DRIVE, INTRAMUROS
1002 MANILA

In re:

[redacted]
DOB: [redacted]
Travel Doc. N[redacted]
CHN
Female
x----------x

ORDER

On 30 October 2020, Tourist Visa Section (TVS) endorsed to the Immigration Regulation Division [redacted] date application for Temporary Visitor Visa.

Records show: (i) On 22 January 2020, NAIA-based immigration authorities admitted [redacted] valid stay ended on 29 January 2020; and (iii) [redacted] overstayed for 10 months in the country.

To address the foregoing, we order [redacted] to:

1. Pay immigration fees, fines and penalties to be computed from by Tourist Visa Section (TVS);
2. Pay IARC amounting **Php15,000.00** and Express Lane Fee amounting to **Php10,000.00;**
3. Secure Emigration Clearance Certificate; and
4. **LEAVE** the **Philippines** via NAIA within thirty (30) days from receipt of this Order.

TVS and ARD shall insure the implementation of this Order.

Give copies of this Order to [redacted].

IT IS SO ORDERED.

Prepared by:

RAUL A. MEDINA
Acting Chief, Tourist Visa Section
Date signed: OCT 30 2020

Recommending Approval:

ROGELIO D. GEVERO JR
Chief, Immigration Regulation Division
Date signed: 03 NOV 2020

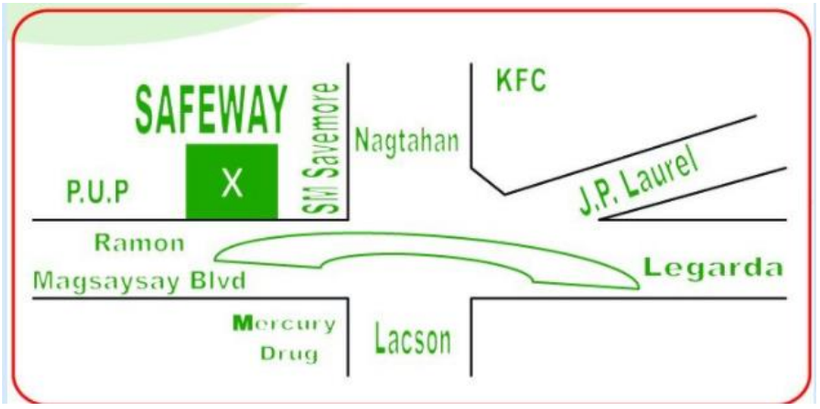
APPROVED/DISAPPROVED

JAIME H. MORENTE
Commissioner
Date signed: [redacted]

核酸检测+第一次抗体检测地址：

必须在医院大门口进去开始检测操作。
不允许自己去急诊室做核酸测，
必须按照我们给出的预约方式做，如有自己跑去急诊室做的不予登机！

第二次抗体检测地址：

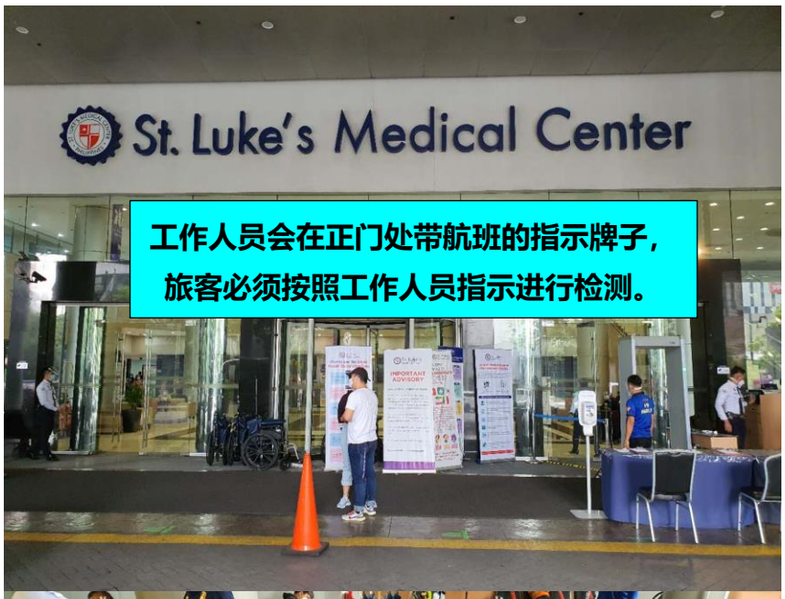


去医院检测必须戴口罩和面罩（两种都要戴）！

下图为面罩（参考）：

下图为口罩：

去医院检测不可以戴以下类型的口罩



工作人员会在正门处带航班的指示牌子，旅客必须按照工作人员指示进行检测。

正门入口处， 在保安那边拿第一张表（健康申明），填完给保安查看。

HEALTH DECLARATION 健康声明

St. Luke's Medical Center
Quezon City · Global City

Due to the recent worldwide outbreak of COVID-19, St. Luke's Medical Center would like to ensure that our patients/customers and employees are safe from exposure to the disease. In line with this, we are requesting all patients, including companions and visitors, to complete this form. 因近期全球爆发新冠状病毒，本院 为确保患者/客户及员工的安全，要求所有患者及同伴和访客认真完成以下表格。

The data that you provide is strictly confidential and used for hospital reference only.
您提供的信息仅限医院使用，本院会严格保密。

Name: ZHANG, SAN Age: 28 Sex: M Contact #: 09179930111
姓名： 年龄： 性别： 联系方式
I am a 我是 ( ) Patient 患者 ( ) Visitor 访客 ( ) Companion 同伴 (√) Others: SWAB 其他

Please tick an answer for every question item 以下问题请回答是与否：	YES 是	NO 否
Have you been recently tested for COVID-19? 近期是否做过核酸检测？ Date swabbed: 如有，取样时间： Result (if available): 检测结果（如有）		√
Have you been evaluated as Probable or Suspected for COVID-19? 是否被诊断为疑似病例？ If YES, when did your quarantine start? 如是，隔离期开始日期是？		√
Do you have any travel history in the past 14 days? 近14天是否有旅行记录？ If YES, when and where? 如有，请提供外出日期和到访地点		√
Did you come in close contact or staying in the same close environment with someone who is a confirmed COVID-19 case? 您是否与确诊患者有密切接触或住在同一密闭环境中？	√	
Did you come in close contact with a Probable or Suspected person with COVID-19? 您是否与疑似病例有过密切接触？	√	
Have you experienced the following symptoms recently? 您近期是否有以下症状？		
Fever (>38°C) 发烧 （高于38度）		√
Diarrhea, Nausea, or Vomiting 腹泻、恶心或呕吐		√
Shortness of breath or other respiratory symptoms 呼吸急促或其他呼吸道症状		√
Other respiratory symptoms: 具体症状：		
Headache 头疼		√
Joint Pain or Muscle Pain 关节疼或肌肉疼		√
Flu-like symptoms such as: 类似流感的症状，例如：		
Chills or repeated shaking with chills 畏寒或反复打寒战		√
Body aches 浑身酸痛		√
Sore throat 咽喉痛		√
Runny Nose or Sneezing 流鼻涕或打喷嚏		√
Cough and colds 咳嗽和感冒		√
New loss of smell and/or taste 近期丧失嗅觉和味觉		√
Eye discharge 眼睛出现分泌物		√
Skin rash or discoloration of toes/fingers 皮疹或手脚趾变色		√
Loss of speech or movement 丧失语言和行动功能		√

I agree that the information provided in this document is true and correct to the best of my knowledge and understand that any dishonest answers may have serious legal and public health implications under RA 11332. 我保证以上申报内容正确属实，如有隐瞒或虚假填报，将会被依法追究相关法律责任。

我保证以上申报内容正确属实。
I declare that all information disclosed above is **TRUE** and **CORRECT**.

签字： Signature: ZHANG, SAN 日期/时间： Date & Time: 07/19/2020

核准人： Approved entry by: _____ 转至： Referred to: _____
(Name & signature of associate)
医护人员姓名和签字

SLMC-IPC-5-56 REV01 (May 14, 2020)

正门进去后， 右手边再拿第2张表格，填写清楚后交给负责人。请稍安勿燥，等候叫名字面试。

项目有星号*，必须填，没有的话填 N/A

Philippine Integrated Disease Surveillance and Response

Case Investigation Form
Coronavirus Disease (COVID-19)
Version 8

样板

1) The Case Investigation Form (CIF) is meant to be administered as an interview by a health care worker or any personnel of the DRU. **This is not a self-administered questionnaire.**
2) Please be advised that DRUs are only allowed to obtain **1 copy of accomplished CIF** from a patient.
3) Please fill out all blanks and put a check mark on the appropriate box. Never leave an item blank (write N/A). **Items with * are required fields.** All dates must be in **MM/DD/YYYY format.**

Disease Reporting Unit*	DRU Region and Province	PhilHealth No.*
Name of Interviewer	Contact Number of Interviewer	Date of Interview *(MM/DD/YYYY)**
Name of Informant *(if applicable)*	Relationship	Contact Number of Informant

If existing case *(check all that apply)**	☐ Not applicable (New case) ☐ Not applicable (Unknown) ☐ Update symptoms ☐ Update health status	☐ Update outcome ☐ Update case classification ☐ Update lab result ☐ Update chest imaging findings	☐ Update disposition ☐ Update exposure / travel history ☐ Others, specify:
Type of Client	☐ COVID-19 Case (Suspect, Probable, or Confirmed)	☐ Close Contact	☐ For RT-PCR Testing (Not a Case of Close Contact)
Testing Category/Subgroup *(Check all that apply, refer to Appendix 2)*	☐ A ☐ B ☐ C ☐ D	☐ E ☐ F ☐ G ☐ H	☐ I ☐ J

Part 1. Patient Information

1.1. Patient Profile

Last Name* 姓	First Name (and Suffix)* 名字	Middle Name* N/A
Birthday *(MM/DD/YYYY)** 出生日期（月/日/年）	Age* 年龄	Sex* 性别 ☐ Male 男 ☐ Female 女
Civil Status 婚姻状况	Nationality* 国籍	
Occupation 职业	Works in a closed setting? ☐ Yes	☐ No ■ Unknown

1.2. Current Address in the Philippines and Contact Information* ***(Provide address of institution if patient lives in closed settings, see 1.5)*** 目前联络地址

House No./Lot/Bldg.* 门牌号/楼名	Street/Purok/Sitio* 街名	Barangay*	Municipality/City* 城市
		N/A	
Province* 省	Home Phone No. (& Area Code) 家电话号码	Cellphone No.* 手机号码	Email Address 电子邮箱

1.3. Permanent Address and Contact Information *(if different from current address)* 永久地址，如果跟上面不一样

House No./Lot/Bldg. 门牌号/楼名	Street/Purok/Sitio 街名	Barangay	Municipality/City 城市
		N/A	
Province 省	Home Phone No. (& Area Code) 家电话号码	Cellphone No. 手机号码	Email Address 电子邮箱

1.4. Current Workplace Address and Contact Information 工作地址

Lot/Bldg. 门牌号/楼名	Street 街名	Barangay	Municipality/City 城市
		N/A	
Province 省	Name of Workplace 工作场所名称	Phone No./Cellphone No. 手机号码	Email Address 电子邮箱

1.5. Special Population *(indicate further details on exposure and travel history in Part 3)*

Health Care Worker*	☐ Yes, Name & location of health facility:	■ No
Returning Overseas Filipino*	☐ Yes, Country of origin: and OFW: ☐ OFW ☐ Non-OFW	■ No
Foreign National Traveler*	■ Yes, Country of origin: CHINA	☐ No
Locally Stranded Individual / APOR / Local Traveler*	☐ Yes, City, Municipality, & Province of origin ☐ Locally Stranded Individual ☐ Authorized Person Outside Residence / Local Traveler	■ No
Lives in Closed Settings*	☐ Yes, specify institution type: and name: *(e.g. prisons, residential facilities, retirement communities, care homes, camps, etc.)*	■ No
Indigenous Person*	☐ Yes, specify group:	■ No

Part 2. Case Investigation Details

2.1. Consultation Information

Have previous COVID-19 related consultation?	☐ Yes, Date of First Consult *(MM/DD/YYYY)** ■ No
Name of facility where first consult was done	

2.2. Disposition at Time of Report* (Provide name of hospital/isolation/quarantine facility)

☐ Admitted in hospital	Date and Time admitted in hospital
☐ Admitted in isolation/quarantine facility	Date and Time isolated/quarantined in facility
☐ In home isolation/quarantine	Date and Time isolated/quarantined at home
☐ Discharged to home	If discharged: Date of Discharge *(MM/DD/YYYY)** ☐ Others:

2.3. Health Status at Consult* ***(Refer to Appendix 3)*** ☐ Asymptomatic ☐ Mild ☐ Moderate ☐ Severe ☐ Critical

2.4. Case Classification* ***(Refer to Appendix 1)*** ☐ Suspect ☐ Probable ☐ Confirmed ☐ Non-COVID-19 Case

2.5. Clinical Information

Date of Onset of Illness *(MM/DD/YYYY)**

Signs and Symptoms *(Check all that apply)*

☐ Asymptomatic	☐ Dyspnea	☐ None
☐ Fever _____ °C	☐ Anorexia	☐ Hypertension
☐ Cough	☐ Nausea	☐ Diabetes
☐ General weakness	☐ Vomiting	☐ Heart Disease
☐ Fatigue	☐ Diarrhea	☐ Lung Disease
☐ Headache	☐ Altered Mental Status	
☐ Myalgia	☐ Anosmia (loss of smell, w/o any identified cause)	
☐ Sore throat	☐ Ageusia (loss of taste, w/o any identified cause)	
☐ Coryza	☐ Others, specify	

Comorbidities *(Check all that apply if present)*

☐ None	☐ Gastrointestinal
☐ Hypertension	☐ Genito-urinary
☐ Diabetes	☐ Neurological Disease
☐ Heart Disease	☐ Cancer
☐ Lung Disease	☐ Others

Pregnant?	☐ Yes, LMP *(MM/DD/YYYY)*	☐ No
High-risk pregnancy?	☐ Yes	☐ No
Was diagnosed to have Severe Acute Respiratory Illness?	☐ Yes	☐ No

面试后， 请等候叫名字进行核酸检测。做完检测，就可以自行离开！

项目有星号*，必须填，没有的话填 N/A

Philippine Integrated Disease Surveillance and Response

Case Investigation Form
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Version 8

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3) Please fill out all blanks and put a check mark on the appropriate box. Never leave an item blank (write N/A). **Items with * are required fields**. All dates must be in **MM/DD/YYYY format**.

Disease Reporting Unit*	DRU Region and Province	PhilHealth No.*
Name of Interviewer	**Contact Number of Interviewer**	**Date of Interview *(MM/DD/YYYY)****
Name of Informant *(if applicable)*	**Relationship**	**Contact Number of Informant**

If existing case *(check all that apply)**	☐ Not applicable (New case)	☐ Update outcome	☐ Update disposition
	☐ Not applicable (Unknown)	☐ Update case classification	☐ Update exposure / travel history
	☐ Update symptoms	☐ Update lab result	☐ Others, specify: _____
	☐ Update health status	☐ Update chest imaging findings	
Type of Client	☐ COVID-19 Case (Suspect, Probable, or Confirmed)	☐ Close Contact	☐ For RT-PCR Testing (Not a Case of Close Contact)
Testing Category/Subgroup *(Check all that apply, refer to Appendix 2)*	☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ J		

Part 1. Patient Information

1.1. Patient Profile

Last Name* 性	First Name (and Suffix)* 名字	Middle Name* N/A
Birthday (MM/DD/YYYY)* 出生日期（月/日/年）	Age* 年龄	Sex* 性别 ☐ Male 男 ☐ Female 女
婚姻状况 Civil Status	Nationality* 国籍	
Occupation 职业	Works in a closed setting? ☐ Yes ☐ No ■ Unknown	

1.2. Current Address in the Philippines and Contact Information* *(Provide address of institution if patient lives in closed settings, see 1.5)* 目前菲律宾地址

House No./Lot/Bldg.* 门牌号/楼名	Street/Purok/Sitio* 街名	Barangay*	Municipality/City* 城市
		N/A	
Province* 省	Home Phone No. (& Area Code) 家电话号码	Cellphone No.* 手机号码	Email Address 电子邮箱

1.3. Permanent Address and Contact Information *(if different from current address)* 永久地址，如果跟上面不一样

House No./Lot/Bldg. 门牌号/楼名	Street/Purok/Sitio 街名	Barangay	Municipality/City 城市
		N/A	
Province 省	Home Phone No. (& Area Code) 家电话号码	Cellphone No. 手机号码	Email Address 电子邮箱

1.4. Current Workplace Address and Contact Information 工作地址

Lot/Bldg. 门牌号/楼名	Street 街名	Barangay	Municipality/City 城市
		N/A	
Province 省	Name of Workplace 工作场所名称	Phone No./Cellphone No. 手机号码	Email Address 电子邮箱

1.5. Special Population *(indicate further details on exposure and travel history in Part 3)*

Health Care Worker*	☐ Yes, Name & location of health facility:	■ No
Returning Overseas Filipino*	☐ Yes, Country of origin: _____ and OFW: ☐ OFW ☐ Non-OFW	■ No
Foreign National Traveler*	■ Yes, Country of origin: CHINA	☐ No
Locally Stranded Individual / APOR / Local Traveler*	☐ Yes, City, Municipality, & Province of origin _____ ☐ Locally Stranded Individual ☐ Authorized Person Outside Residence / Local Traveler	■ No
Lives in Closed Settings*	☐ Yes, specify institution type: _____ and name: _____ *(e.g. prisons, residential facilities, retirement communities, care homes, camps, etc.)*	■ No
Indigenous Person*	☐ Yes, specify group:	■ No

Part 2. Case Investigation Details

2.1. Consultation Information

Have previous COVID-19 related consultation?	☐ Yes, Date of First Consult *(MM/DD/YYYY)** _____	■ No
Name of facility where first consult was done		

2.2. Disposition at Time of Report* (Provide name of hospital/isolation/quarantine facility)

☐ Admitted in hospital _____	Date and Time admitted in hospital _____
☐ Admitted in isolation/quarantine facility _____	Date and Time isolated/quarantined in facility _____
☐ In home isolation/quarantine	Date and Time isolated/quarantined at home _____
☐ Discharged to home If discharged: Date of Discharge *(MM/DD/YYYY)** _____	☐ Others: _____

2.3. Health Status at Consult* *(Refer to Appendix 3)*	☐ Asymptomatic	☐ Mild	☐ Moderate	☐ Severe	☐ Critical
2.4. Case Classification* *(Refer to Appendix 1)*	☐ Suspect	☐ Probable	☐ Confirmed	☐ Non-COVID-19 Case	

2.5. Clinical Information

Date of Onset of Illness *(MM/DD/YYYY)** _____

Signs and Symptoms *(Check all that apply)*

☐ Asymptomatic	☐ Dyspnea	☐ Altered Mental Status
☐ Fever _____ °C	☐ Anorexia	☐ Anosmia (loss of smell, w/o any identified cause)
☐ Cough	☐ Nausea	☐ Ageusia (loss of taste, w/o any identified cause)
☐ General weakness	☐ Vomiting	☐ Others, specify_____
☐ Fatigue	☐ Diarrhea	
☐ Headache		
☐ Myalgia		
☐ Sore throat		
☐ Coryza		

Comorbidities *(Check all that apply if present)*

☐ None	☐ Hypertension	☐ Diabetes
☐ Gastrointestinal	☐ Genito-urinary	☐ Neurological Disease
☐ Heart Disease	☐ Cancer	☐ Lung Disease
☐ Others _____		

Pregnant?	☐ Yes, LMP *(MM/DD/YYYY)* _____	☐ No
High-risk pregnancy?	☐ Yes	☐ No
Was diagnosed to have Severe Acute Respiratory Illness?	☐ Yes	☐ No

Chest imaging findings suggestive of COVID-19		
Date done	Imaging done	Results
	☐ Chest radiography ☐ Chest CT ☐ Lung ultrasound ☐ None	☐ Normal ☐ Pending ☐ Chest radiography: Hazy opacities, often rounded in morphology, with peripheral and lower lung dist. ☐ Chest CT: Multiple bilateral ground glass opacities, often rounded in morphology, w/ peripheral & lower lung dist. ☐ Lung ultrasound: Thickened pleural lines, B lines, consolidative patterns with or without air bronchograms ☐ Other findings, specify _____

2.6. Laboratory Information

Have tested positive using RT-PCR before? *	☐ Yes, date of specimen Collection *(MM/DD/YYYY)** _____ Laboratory* _____	☐ No No. of previous RT-PCR swabs done __

Date collected*	Date released	Laboratory*	Type of test*	Results*
			☐ RT-PCR (OPS) ☐ RT-PCR (NPS) ☐ RT-PCR (OPS and NPS) ☐ Others: _____ ☐ Antigen test; Provide reason below: _____ ☐ Antibody test	☐ Pending ☐ Positive ☐ Others: ☐ Negative ☐ Equivocal
			☐ RT-PCR (OPS) ☐ RT-PCR (NPS) ☐ RT-PCR (OPS and NPS) ☐ Others: _____ ☐ Antigen test; Provide reason below: _____ ☐ Antibody test	☐ Pending ☐ Positive ☐ Others: ☐ Negative ☐ Equivocal

2.7. Outcome/Condition at Time of Report*

☐ Active (currently admitted/isolation/quarantine) ☐ Recovered, date of recovery *(MM/DD/YYYY)** _____ ☐ Died, date of death *(MM/DD/YYYY)** _____

If died, cause of death*	Immediate Cause:	Antecedent Cause:
	Underlying Cause:	Contributory Conditions:

PART 3. Contact Tracing: Exposure and Travel History 接触和旅行史

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, date of last contact *(MM/DD/YYYY)** _____ ■ No ☐ Unknown
Has the patient been in a place with a known COVID-19 transmission 14 days before the onset of signs and symptoms? OR If Asymptomatic, 14 days before swabbing or specimen collection? *	☐ Yes, International ☐ Yes, Local ■ No ☐ Unknown exposure

If International Travel, country of origin		Inclusive travel dates:	From:	To:
		With ongoing COVID-19 community transmission?	☐ Yes	☐ No

Airline/Sea vessel	Flight/Vessel Number	Date of departure *(MM/DD/YYYY)*	Date of arrival in PH *(MM/DD/YYYY)*

If Local Travel, specify travel places *(Check all that apply, provide name of facility, address, and inclusive travel dates in MM/DD/YYYY)*

Place Visited	Name of Place	Address *(Region, Province, Municipality/City)*	Inclusive Travel Dates From:	Inclusive Travel Dates To:	With ongoing COVID-19 Community Transmission?
☐ Health Facility					☐ Yes ☐ No
☐ Closed Settings					☐ Yes ☐ No
☐ School					☐ Yes ☐ No
☐ Workplace					☐ Yes ☐ No
☐ Market					☐ Yes ☐ No
☐ Social Gathering					☐ Yes ☐ No
☐ Others					☐ Yes ☐ No

☐ Transport Service, specify the following:

Airline / Sea vessel / Bus line / Train	Flight / Vessel / Bus No.	Place of Origin	Departure Date *(MM/DD/YYYY)*	Destination	Date of Arrival *(MM/DD/YYYY)*

- If symptomatic, provide names and contact numbers of persons who were with the patient two days prior to onset of illness until this date - If asymptomatic, provide names and contact numbers of persons who were with the patient on the day specimen was submitted for testing until this date	Name (*Use the back page if needed*)	Contact Number

Appendix 1. COVID-19 Case Definitions

SUSPECT	PROBABLE
A) A person who meets the **clinical AND epidemiological criteria** – **Clinical criteria:** 1) Acute onset of fever AND cough **OR** 2) Acute onset of **ANY THREE OR MORE** of the following signs or symptoms; fever, cough, general weakness/fatigue, headache, myalgia, sore throat, coryza, dyspnea, anorexia / nausea/ vomiting, diarrhea, altered mental status. **AND** – **Epidemiological criteria** 1) Residing/working in an area with high risk of transmission of the virus (e.g closed residential settings and humanitarian settings, such as camp and camp-like setting for displaced persons), any time w/in the 14 days prior to symptoms onset **OR** 2) Residing in or travel to an area with community transmission anytime w/in the 14 days prior to symptoms onset; **OR** 3) Working in health setting, including w/in the health facilities and w/in households, anytime w/in the 14 days prior to symptom onset; **OR** B) A patient with **severe acute respiratory illness** (SARI: acute respiratory infection with history of fever or measured fever of ≥ 38°C; cough with onset w/in the last 10 days; and who requires hospitalization)	A) A **patient** who meets the **clinical criteria** (on the left) **AND is contact of a probable or confirmed case**, or **epidemiologically linked to a cluster of cases** which had had at least one confirmed identified within that cluster B) A **suspect case** (on the left) with **chest imaging showing findings suggestive of COVID-19 disease**. Typical chest imaging findings include (Manna, 2020): – Chest radiography: hazy opacities, often rounded in morphology, with peripheral and lower lung distribution – Chest CT: multiple bilateral ground glass opacities, often rounded in morphology, with peripheral and lower lung distribution – Lung ultrasound: thickened pleural lines, B lines (multifocal, discrete, or confluent), consolidative patterns with or without air bronchograms C) A person with **recent onset of anosmia (loss of smell), ageusia (loss of taste) in the absence of any other identified cause** D) Death, not otherwise explained, in an **adult with respiratory distress preceding death AND who was a contact of a probable or confirmed case or epidemiologically linked to a cluster** which has had at least one confirmed case identified with that cluster
	CONFIRMED
	A person with **laboratory confirmation of COVID-19 infection**, irrespective of clinical signs and symptoms.

Appendix 2. Testing Category / Subgroup

A	Individuals with **severe/critical** symptoms and **relevant history** of travel/contact
B	Individuals with **mild** symptoms, **relevant history** of travel/contact, and considered **vulnerable**; vulnerable populations include those elderly and with preexisting medical conditions that predispose them to severe presentation and complications of COVID-19
C	Individuals with **mild** symptoms, and **relevant history** of travel and/or contact
D	Individuals with **no symptoms** but with **relevant history** of travel and/or contact or high risk of exposure. These include:
D1	- **Contact-traced individuals**
D2	- **Healthcare workers**, who shall be prioritized for regular testing in order to ensure the stability of our healthcare system
D3	- **Returning Overseas Filipino** (ROF) workers, who shall immediately be tested at port of entry
D4	- Filipino citizens in a specific locality within the Philippines who have expressed intention to return to their place of residence/home origin (**Locally Stranded Individuals**) may be tested subject to the existing protocols of the IATF
E	**Frontliners indirectly involved in health care provision** in the response against COVID-19 may be tested as follows:
E1	Those with **high or direct exposure to COVID-19 regardless of location** may be tested up to once a week. These include: **(1)** Personnel manning the Temporary Treatment and Quarantine Facilities (LGU and Nationally-managed); **(2)** Personnel serving at the COVID-19 swabbing center; **(3)** Contact tracing personnel; and **(4)** Any personnel conducting swabbing for COVID-19 testing
E2	Those who **do not have high or direct exposure to COVID-19** but who **live or work in Special Concern Areas** may be tested up to every two to four weeks. These include the following: **(1)** Personnel manning Quarantine Control Points, including those from Armed Forces of the Philippines, Bureau of Fire Protection; **(2)** National / Regional / Local Risk Reduction and Management Teams; **(3)** Officials from any local government / city / municipality health office (CEDSU, CESU, etc.); **(4)** Barangay Health Emergency Response Teams and barangay officials providing barangay border control and performing COVID-19-related tasks; **(5)** Personnel of Bureau of Corrections and Bureau of Jail Penology & Management; **(6)** Personnel manning the One-Stop-Shop in the Management of ROFs; **(7)** Border control or patrol officers, such as immigration officers and the Philippine Coast Guard; and **(8)** Social workers providing amelioration and relief assistance to communities and performing COVID-19-related tasks
F	Other **vulnerable patients** and those **living in confined spaces**. These include but are not limited to: **(1)** Pregnant patients who shall be tested during the peripartum period; **(2)** Dialysis patients; **(3)** Patients who are immunocompromised, such as those who have HIV/AIDS, inherited diseases that affect the immune system; **(4)** Patients undergoing chemotherapy or radiotherapy; **(5)** Patients who will undergo elective surgical procedures with high risk for transmission; **(6)** Any person who have had organ transplants, or have had bone marrow or stem cell transplant in the past 6 months; **(7)** Any person who is about to be admitted in enclosed institutions such as jails, penitentiaries, and mental institutions.
G	Residents, occupants or workers in a **localized area with an active COVID-19 cluster**, as identified and declared by the local chief executive in accordance with existing DOH Guidelines and consistent with the National Task Force Memorandum Circular No. 02 s.2020 or the Operational Guidelines on the Application of the Zoning Containment Strategy in the Localization of the National Action Plan Against COVID-19 Response. The local chief executive shall conduct the necessary testing in order to protect the broader community and critical economic activities and to avoid a declaration of a wider community quarantine.
H	Frontliners in **Tourist Zones**:
H1	All workers and employees in the **hospitality and tourism sectors** in El Nido, Boracay, Coron, Panglao, Siargao and other tourist zones, as identified and declared by the Department of Tourism. These workers and employees may be tested once every four (4) weeks.
H2	All **travelers**, whether of domestic or foreign origin, may be tested at least once, at their own expense, prior to entry into any designated tourist zone, as identified and declared by the Department of Tourism.
I	All workers and employees of **manufacturing companies and public service providers registered in economic zones** located in Special Concern Areas may be tested regularly.
J	**Economy Workers**
J1	**Frontline and Economic Priority Workers**, defined as those 1) who work in high priority sectors, both public and private, 2) have high interaction with and exposure to the public, and 3) who live or work in Special Concerns Areas, may be tested every three (3) months. These include but not limited to: - **Transport and Logistics**: drivers of taxis, ride hailing services, buses, public transport vehicle, conductors, pilots, flight attendants, flight engineers, rail operators, mechanics, servicemen, delivery staff, water transport workers (ferries, inter-island shipping, ports) - **Food Retails**: waiters, waitress, bar attendants, baristas, chefs, cooks, restaurant managers, supervisors - **Education**: teachers at all levels of education and other school frontliners such as guidance counselors, librarians, cashiers - **Financial Services**: bank tellers - **Non-Food Retails**: cashiers, stock clerks, retail salespersons - **Services:** hairdressers, barbers, manicurists, pedicurists, massage therapists, embalmers, morticians, undertakers, funeral directors, parking lot attendants, security guards, messengers - **Construction**: construction workers including carpenters, stonemasons, electricians, painters, foremen, supervisors, civil engineers, structural engineers, construction managers, crane/tower operators, elevator installers, repairmen - **Water Supply, Sewerage, Waster Management**: plumbers, recycling/ reclamation workers, garbage collectors, water/wastewater engineers, janitors, cleaners - **Public Sector**: judges, courtroom clerks, staff and security, all national and local government employees rendering frontline services in special concern areas - **Mass Media:** field reporters, photographers, cameramen
J2	All employees **not covered above are not required to undergo testing but are encouraged to be tested every quarter**. Private sector employers are highly encouraged to send their employees for regular testing at the employers' expense in order to avoid lockdowns that may do more damage to their companies.

Appendix 3. Severity of the Disease

MILD	CRITICAL
Symptomatic patients presenting with fever, cough, fatigue, anorexia, myalgias; other non-specific symptoms such as sore throat, nasal congestion, headache, diarrhea, nausea and vomiting; loss of smell (anosmia) or loss of taste (ageusia) preceding the onset of respiratory symptoms with **NO signs of pneumonia or hypoxia**	Patients manifesting with acute respiratory distress syndrome, sepsis and/or septic shock: 1. **Acute Respiratory Distress Syndrome (ARDS)** a. Patients with onset within 1 week of known clinical insult (pneumonia) or new or worsening respiratory symptoms, progressing infiltrates on chest X-ray or chest CT scan, with respiratory failure not fully explained by cardiac failure or fluid overload 2. **Sepsis** a. Adults with life-threatening organ dysfunction caused by a dysregulated host response to suspected or proven infection. Signs of organ dysfunction include altered mental status, difficult or fast breathing, low oxygen saturation, reduced urine output, fast heart rate, weak pulse, cold extremities or low blood pressure, skin mottling, or laboratory evidence of coagulopathy, thrombocytopenia, acidosis, high lactate or hyperbilirubinemia b. Children with suspected or proven infection and > 2 age-based systemic inflammatory response syndrome criteria (abnormal temperature [> 38.5 °C or < 36 °C); tachycardia for age or bradycardia for age if < 1year; tachypnea for age or need for mechanical ventilation; abnormal white blood cell count for age or > 10% bands), of which one must be abnormal temperature or white blood cell count. 3. **Septic Shock** a. Adults with persistent hypotension despite volume resuscitation, requiring vasopressors to maintain MAP > 65 mmHg and serum lactate level >2mmol/L b. Children with any hypotension (SBP < Sth centile or > 2 SD below normal for age) or two or three of the following: altered mental status; bradycardia or tachycardia (HR < 90 bpm or > 160 bpm in infants and heart rate < 70 bpm or > 150 bpm in children); prolonged capillary refill (> 2 sec) or weak pulse; fast breathing; mottled or cool skin or petechial or purpuric rash; high lactate; reduced urine output; hyperthermia or hypothermia.
MODERATE	
1. Adolescent or adult with **clinical signs of non-severe pneumonia** (e.g. fever, cough, dyspnea, respiratory rate **(RR) = 21-30 breaths/minute**, peripheral capillary oxygen saturation (SpO2) >92% on room air) 2. Child with clinical signs of non-severe pneumonia (cough or difficulty of breathing and fast breathing [< 2 months: > 60; 2-11 months: > 50; 1-5 years: > 40] and/or chest indrawing)	
SEVERE	
1. Adolescent or adult with **clinical signs of severe pneumonia or severe acute** respiratory **infection** as follows: fever, cough, dyspnea, **RR>30 breaths/minute**, severe respiratory distress or SpO2 < 92% on room air 2. Child with clinical signs of pneumonia (cough or difficulty in breathing) plus at least one of the following: a. Central cyanosis or SpO2 < 90%; severe **respiratory distress** (e.g. fast breathing, grunting, very severe chest indrawing); general danger sign: **inability to breastfeed or drink**, **lethargy or unconsciousness**, or convulsions. b. **Fast breathing (in breaths/min): < 2 months: > 60; 2-11 months: > 50; 1-5 years: > 40.**	