		TI QUICK HEALTH CHECK		
	Data	l Data		
	Date:	Date:		
	Name:	Name:		
	Company	Company		
	Badge #:	Badge #:		
1)	Travel History - In the past 14 days travelled outside the Philippines Y N	Travel History - In the past 14 days travelled 1) outside the Philippines Y N		
2)	If Answer to item 1 is Yes "Y", please indicate country visited in the past 14 days. Else, indicate NA.	If Answer to item 1 is Yes "Y", please indicate 2) country visited in the past 14 days. Else, indicate NA.		
3)	Have you had physical contact with or cared for a person with COVID-19 in the last 14 Y N days?	Have you had physical contact with or cared 3) for a person with PUI/PUM or with COVID-19 Y N in the last 14 days?		
4)	Have you or anybody in your family, household, or place of dwelling been in contact with any person who is (Suspected, Y N Possible or Confirmed) or have been tested (Rapid or PRPC) for COVID	Have you or anybody in your family, household, or place of dwelling been in contact with 4) any person who is (Suspected, Y N Possible or Confirmed) or have been tested (Rapid or PRPC) for COVID		
5)	Are you and/or your household experiencing any of the following symptoms? (Check all that applies)	Are you and/or your household experiencing5) any of the following symptoms? (Check all that applies)		
	Fever (37.8C or higher)	Fever (37.8C or higher)		
	Cough	Cough		
	Sore Throat	Sore Throat		
	Colds and Runny Nose	Colds and Runny Nose		
	Body weakness, Aches, and Pains	Body weakness, Aches, and Pains		
	Difficulty in Breathing	Difficulty in Breathing		
	Diarrhea	Diarrhea		
	No Symptoms	No Symptoms		
	I certify that the information provided above are true and correct.	I certify that the information provided above are true and correct.		
	By submitting this form, I agree that TI (Philippines) Inc. ("TI") and its group of companies may collect, obtain, store and process my personal data for safety and health, security, and other administrative purposes. Personal data includes all data defined within the Data Privacy Act of 2012, including all data I have disclosed to TI in this form. I give my consent to TI to disclose said personal data to relevant governmental authorities or third parties where required by law or for legal purposes. In addition, I acknowledge and agree that my personal data may be transferred to any company within the Texas Instruments group of companies, which may involve sending my data to a location outside the Philippines. For the purpose of updating or correcting my data, I may at any time contact TI at [s-verallo@ti.com and clark-byer@list.ti.com].	By submitting this form, I agree that TI (Philippines) Inc. ("TI") and its group of companies may collect, obtain, store and process my personal data for safety and health, security, and other administrative purposes. Personal data includes all data defined within the Data Privacy Act of 2012, including all data I have disclose to TI in this form. I give my consent to TI to disclose said personal data to relevant governmental authorities or third parties where required by law or for legal purposes. In addition, I acknowledge and agree that my personal data to a location outside the Philippines. For the purpose of updating or correcting my data, I may at any time contact TI at [s-verallo@ti.com and clark-byer@list.ti.com].		
	Signature	Signature		
	Date:	Date:		
	For further concerns visit the health center, or you may call: (045) 4068579 09178158976	For further concerns visit the health center, or you may call: (045) 4068579 09178158976		
	TI QUICK HEALTH CHECK	TI QUICK HEALTH CHECK		
	Date:	Date:		
	Name:	Name:		
	Company	Company		
	Badge #:	Badge #:		
1)	Travel History - In the past 14 days travelled Y N outside the Philippines	Travel History - In the past 14 days travelled 1) outside the Philippines Y N		
2)	If Answer to item 1 is Yes "Y", please indicate country visited in the past 14 days. Else, indicate NA.	If Answer to item 1 is Yes "Y", please indicate 2) country visited in the past 14 days. Else, indicate NA.		
3)	Have you had physical contact with or cared for a person with PUI/PUM or with COVID-19 Y N in the last 14 days?	Have you had physical contact with or cared 3) for a person with PUI/PUM or with COVID-19 Y N in the last 14 days?		

4)	Have you or anybody in your	Have you or anybody in your		
	family, household, or place of	family, household, or place of		
	dwelling been in contact with	dwelling been in contact with		
	any person who is (Suspected, Y N	4) any person who is (Suspected,	Y N	
	Possible or Confirmed) or have	Possible or Confirmed) or have		
	been tested (Rapid or PRPC) for	been tested (Rapid or PRPC) for		
	COVID	COVID		
	Are you and/or your household experiencing	Are you and/or your household experiencing		
5)	any of the following symptoms? (Check all	5) any of the following symptoms? (Check all		
	that applies)	that applies)		
	Fever (37.8C or higher)	Fever (37.8C or higher)		
	Cough	Cough		
	Sore Throat	Sore Throat		
	Colds and Runny Nose	Colds and Runny Nose		
	Body weakness, Aches, and Pains	Body weakness, Aches, and Pains		
	Difficulty in Breathing	Difficulty in Breathing		
	Diarrhea	Diarrhea		
	No Symptoms	No Symptoms		
	I certify that the information provided above are true and correct.	hat the information provided above are true and correct.		
	By submitting this form, I agree that TI (Philippines) Inc. ("TI") and its group of companies may collect, obtain, store and process my personal data for safety and health, security, and other administrative purposes. Personal data includes all data defined within the Data Privacy Act of 2012, including all data I have disclosed to Ti in this form. I give my consent to TI to disclose said personal data to relevant governmental authorities or third parties where required by law or for legal purposes. In addition, I acknowledge and agree that my personal data may be transferred to any company within the Texas Instruments group of companies, which may involve sending my data to a location outside the Philippines. For the purpose of updating or correcting my data, I may at any time contact TI at [s-verallo@ti.com and clark-byer@list.ti.com].	By submitting this form, I agree that TI (Philippines) Inc. ("TI") and its group process my personal data for safety and health, security, and other admini data defined within the Data Privacy Act of 2012, including all data I have of to TI to disclose said personal data to relevant governmental authorities on legal purposes. In addition, I acknowledge and agree that my personal data the Texas Instruments group of companies, which may involve sending my For the purpose of updating or correcting my data, I may at any time conta byer@list.ti.com].	strative purposes. Personal data includes all disclosed to T1 in this form. I give my consent r third parties where required by law or for a may be transferred to any company within data to a location outside the Philippines.	
	Signature	Signature		
	Date:	Date:		
	For further concerns visit the health center, or you may call:	For further concerns visit the health cent	er, or vou may call:	

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