

TI QUICK HEALTH CHECK

Date: _____

Name: _____

Company _____

Badge #: _____

1) Travel History - In the past 14 days travelled outside the Philippines Y N

If Answer to item 1 is Yes "Y", please indicate country visited in the past 14 days. Else, indicate NA.

2) Have you had physical contact with or cared for a person with COVID-19 in the last 14 days? Y N

Have you or anybody in your family, household, or place of dwelling been in contact with any person who is (Suspected, Possible or Confirmed) or have been tested (Rapid or PRPC) for COVID

3) Are you and/or your household experiencing any of the following symptoms? (Check all that applies) Y N

- Fever (37.8C or higher)
- Cough
- Sore Throat
- Colds and Runny Nose
- Body weakness, Aches, and Pains
- Difficulty in Breathing
- Diarrhea
- No Symptoms

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].

Signature _____

Date: _____

For further concerns visit the health center, or you may call:
(045) 4068579 | 09178158976

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