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| **Tampay Sa Sinagtala Residence**  **Customer’s Questionaire For COVID 19**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | NAME |  | | Do you have any of these symptoms that are not caused by another condition? | | | | | | | ADDRESS |  | | SYMPTOMS: | YES | NO | SYMPTOMS: | YES | NO | | CELL# |  | | Fever & Chills |  |  | Muscle or body aches |  |  | | EMAIL |  | | Cough |  |  | Headache |  |  | | BOOKING PERIOD | Check in date: | Check out date: | Shortness of breath or difficulty breathing |  |  | Within the past 14 days, have you had contact with anyone that you know had COVID-19 or COVID-like symptoms |  |  | | Signature: |  | | Fatigue |  |  | Have you had a positive COVID-19 test for active virus in the past 10 days? |  |  | |  |  | | Diarrhea |  |  | Have you travelled outside Bataan? |  |  | |
| **Tampay Sa Sinagtala Café**  **Customer’s Questionaire For COVID 19**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | NAME |  | | Do you have any of these symptoms that are not caused by another condition? | | | | | | | ADDRESS |  | | SYMPTOMS: | YES | NO | SYMPTOMS: | YES | NO | | CELL# |  | | Fever & Chills |  |  | Muscle or body aches |  |  | | EMAIL |  | | Cough |  |  | Headache |  |  | | BOOKING PERIOD | Check in date: | Check out date: | Shortness of breath or difficulty breathing |  |  | Within the past 14 days, have you had contact with anyone that you know had COVID-19 or COVID-like symptoms |  |  | | Signature: |  | | Fatigue |  |  | Have you had a positive COVID-19 test for active virus in the past 10 days? |  |  | |  |  | | Diarrhea |  |  | Have you travelled outside Bataan? |  |  | |