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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? |  |  |

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| **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? |  |  |

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