



_____, 2020

UNDERTAKING

I, _____ (FULL AND COMPLETE NAME), _____ (AGE/SEX), residing in _____ (RESIDENCE IN THE PHILIPPINES), do hereby SUBMIT myself voluntarily to a **swab test and specified mandatory quarantine** pursuant to the appropriate national and local government protocols at the appropriate facilities in Cebu. Payment for these facilities shall be borne by me unless the appropriate government agency has made prior arrangements to bear such cost.

I am aware of the mandatory health protocols of the Philippines, and I shall observe such mandatory protocols.

I hereby waive my rights to data privacy with respect to the swab test and mandatory quarantine in favor of the airport authority and the Department of Health for the appropriate actions to be undertaken in the management of the COVID19 pandemic.

I also undertake the following:

1. I shall stay in Cebu for the required number of days for the release of the swab test results (36-48 hours). I understand that I can only take my after the swab test results have already been confirmed and cleared as “Negative” for COVID-19.
2. I understand that the RT-PCR testing will not always lead to conclusive results, hence, retesting may be required. I agree to stay in Cebu for the necessary period for the retesting of my swab sample which may take more than 24-48 hours from the time such sample was submitted to the airport molecular laboratory.
3. I agree to stay in Cebu for quarantine purposes should my swab test return a “Positive” result for COVID-19. I understand that I may also be placed in isolation and/or treatment facility.
4. From the airport, I shall go directly to my house and shall remain inside my room during the duration of the verification of my swab test results.
5. I shall not interact unnecessarily with any person during this duration.
6. I shall wear the recommended personal protective equipment, such as facemasks, gloves, among others, whenever necessary.
7. I shall strive to observe all preventive and precautionary measures as to personal hygiene, social distancing, environmental and food safety, among others, in accordance with the advisories of the Department of Health

 Signature over Written Full Name of Person Under Monitoring

Endorsed by:

Received by:

 Signature over Written Full Name of BOQ Officer

 Signature over Written Full Name of LGU/
 CHO/ MHO or Representative