

Makati Medical Center 通过与新冠肺炎有关的疾病检测，确保其病人、访客、员工、医务人员以及社区的安全。MMC 支持遵照资料隐私法 (Data Privacy Act) 履行患者与访客的资料隐私权利。

以这种形式收集的个人数据用于联系追踪以及控制 COVID-19 传播。所有信息均已受到保护得以妥善保管保存在马卡蒂医疗中心，并将根据《菲律宾国家议定书》从完成之日起 30 天后销毁。填写以下字段即表示您同意按照 2020 年 DTI 联合备忘录 20-04 系列和 DOLE 关于工作场所预防和控制 COVID-19 的补充指南中的指示处理信息。

请填写表格，并将陪同者筛查报告交给医护人员。在适当的空格里打勾 (√)。请用英语写字。

Makati Medical Center ensures the safety of its patients, visitors, employees, medical staff and the community through COVID-19 related disease surveillance. MMC upholds the implementation of patient and visitor's data privacy rights in accordance with the Data Privacy Act.

The personal data collected in this form is used for the purpose of contact tracing to control COVID-19 transmission. All information are properly secured and retained in Makati Medical Center and will be destroyed after 30 days from the date of accomplishment, following the National Archives of the Philippines Protocol. By filling out the fields below, you consent to the processing of your information as indicated in the Joint Memorandum 20-04 Series of 2020 DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19.

Please fill-out the form and present the Companion's Screening Report to the healthcare provider. Put a check (√) mark in appropriate box. Please write in English.

陪同者姓名 *Companion's full name:* _____ 日期 *Date:* _____

出生日期 *Date of Birth:* _____ 患者姓名 *Patient's name:* _____

联系号码 *Contact number:* _____

<p>Q1. 您在过去14天内有没有出现过下列任何一项症状？ <input type="checkbox"/> 有 Yes <input type="checkbox"/> 没有 No DO YOU HAVE ANY OF THE FOLLOWING SYMPTOMS WITHIN THE PAST 14 DAYS?</p>		
<p>呼吸道症状 <i>Respiratory symptoms</i></p> <p><input type="checkbox"/> 咳嗽 <i>Cough</i> <input type="checkbox"/> 感冒 <i>Colds</i> <input type="checkbox"/> 喉咙痛 <i>Throat pain</i> <input type="checkbox"/> 气促 <i>Shortness of breath</i></p> <p>呼吸道症状的状况: <i>Status of respiratory symptoms</i> <input type="checkbox"/> 恶化中 <i>worsening</i> <input type="checkbox"/> 稳定 / 改善中 <i>stable/improving</i></p>	<p>流行性感冒样症状 <i>Influenza-like symptoms</i></p> <p><input type="checkbox"/> 头痛 <i>Headache</i> <input type="checkbox"/> 身体疼痛或肌肉痛 <i>Body pains or muscle pains</i> <input type="checkbox"/> 上吐下泻或只有腹泻 <i>diarrhea with or without vomiting</i> <input type="checkbox"/> 乏力 <i>weakness</i> <input type="checkbox"/> 失去嗅觉或味觉 <i>lack of smell or taste</i></p>	<p><input type="checkbox"/> 发烧 温度38摄氏度以上 <i>Fever 38 degrees Celsius or higher</i></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>!若有症状，便无需回答后续问题。请将您的筛查表交给医护人员。若无症状，请转到第二题 Q2.</p> <p><i>If with symptoms, MAY NOT PROCEED TO THE SUCCEEDING QUESTIONS. Please give your screening form to the healthcare worker. If NO, proceed to Q2.</i></p> </div>
<p>Q2. 您有没有在无防护的情况下，近距离接触过新冠肺炎病例？ <input type="checkbox"/> 有 <input type="checkbox"/> 没有 请转到第三题 Q3 DO YOU HAVE ANY UNPROTECTED CLOSE CONTACT WITH A COVID-19 CASE?</p>		
<p>您是否接受过新冠肺炎检测？ <i>Were you tested for COVID-19?</i></p> <p><input type="checkbox"/> 是，请转到第四题 Q4 <i>YES, proceed to Q4</i> <input type="checkbox"/> 否，有没有完成14天自我隔离？ <input type="checkbox"/> 有 <input type="checkbox"/> 没有，无需回答后续问题 <i>NO, Have you completed 14 days quarantine? YES NO, may not proceed with next questions</i></p> <p><small>***无防护情况下的近距离接触 – 指在没有戴口罩的情况下，在离新冠肺炎病例大约六(6)英尺或两(2)米的距离停留五(5)分钟以上。 ***Unprotected close contact – being within approximately six (6) feet or two (2) meters of a person with COVID-19 for approximately five (5) minutes or longer and not wearing a face mask.</small></p>		
<p>Q3. 您在过去一个月内有因新冠肺炎或者肺炎而住过院？ <input type="checkbox"/> 有 <input type="checkbox"/> 没有 请转到第四题 Q4 HAVE YOU BEEN HOSPITALIZED FOR COVID-19 OR PNEUMONIA FOR THE PAST MONTH? YES NO, proceed to Q4</p>		

如果有的话：您有没有完成14天自我隔离？ <input type="checkbox"/> 有 <input type="checkbox"/> 没有 <i>If YES: Have you completed 14 days quarantine? YES NO</i>	
您有没有后续的阴性的“逆转录聚合酶链式反应” (RT-PCR) 检测结果？ <input type="checkbox"/> 有 <input type="checkbox"/> 没有 <i>Do you have subsequent NEGATIVE RT-PCR result? YES NO</i>	
Q4. 您是否接受过新冠肺炎检测？ <input type="checkbox"/> 是 <input type="checkbox"/> 否 <i>HAVE YOU BEEN TESTED FOR COVID-19? YES NO</i>	
Q4.1 您有没有接受过 RT-PCR (拭子检测)？ <i>Have you had RT-PCR (Swab Test)?</i> <input type="checkbox"/> 没有，请转到 Q4.2 <i>No, proceed to Q4.2</i> <input type="checkbox"/> 有，拭子检测日期：_____ <i>Yes, date of swab test:</i> 拭子检测结果： <input type="checkbox"/> 阳性 <i>Positive</i> <input type="checkbox"/> 阴性 <i>Negative</i> <i>swab test result.</i> 如果 RT-PCR 检测结果为阳性： <i>If POSITIVE RT-PCR:</i> 您有没有完成 14 天自我隔离？ <i>Have you completed 14 days quarantine?</i> <input type="checkbox"/> 有 <i>YES</i> <input type="checkbox"/> 没有 <i>NO</i> 您有没有后续的阴性的 RT-PCR 检测结果？ <i>Do you have subsequent RT-PCR Negative result?</i> <input type="checkbox"/> 有 <i>YES</i> <input type="checkbox"/> 没有 <i>NO</i>	Q4.2 您有没有接受过新冠肺炎快速抗体检测？ <i>Have you had Rapid Antibody Test for COVID-19?</i> <input type="checkbox"/> 没有 <i>NO</i> <input type="checkbox"/> 有，结果：IgG 或 IgM 为阳性 <input type="checkbox"/> <i>Yes, Result: Positive either IgG/IgM</i> IgG 和 IgM 都是阴性 <input type="checkbox"/> <i>Negative both IgG/IgM</i> 如果 IgG / IgM 结果为阳性：您有没有接受过 RT-PCR 检测(拭子检测)？ <i>If POSITIVE IgG/IgM: Have you had RT-PCR Test (swab test)?</i> <input type="checkbox"/> 有 <i>YES</i> <input type="checkbox"/> 没有 <i>NO</i> 如果没有做过 RT-PCR 检测：您有没有完成14天自我隔离？ <i>If RT-PCR not done: Have you completed the 14 days quarantine?</i> <input type="checkbox"/> 有 <i>YES</i> <input type="checkbox"/> 没有 <i>NO</i>

我遵照第11332号共和国令《法定须上报疾病以及关乎公共卫生的卫生事件的强制性上报法》，提供了关于自身健康状况以及可能与疾病接触的准确信息。

In compliance with RA 11332 Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act, I have provided truthful information about my health condition and possible exposure.

 陪同者工整书写姓名并在姓名之上签名
 Companion's signature above printed name

 与患者的关系
 Relationship to Patient

 日期(月-日-年)和时间(24小时制 00:00)
 Date (MMM/DD/YYYY) and Time (00:00)

陪同者后续安排: Companion's Disposition:

- 前往急诊部 *Proceed to Emergency Department*
- 可陪伴患者 *May accompany patient*
- 转交远程会诊 *Refer for Teleconsultation*
- 转送到 MMC 实验室接受 RT-PCR 检测 *Refer to MMC Laboratory for RT-PCR Testing*

验证人 Validated by:

 医护人员工整书写姓名
 并在姓名之上签名
 Healthcare Worker's Signature Above
 Printed Name

 身份
 Designation

 日期(月-日-年)和时间(24小时制 00:00)
 Date (MMM/DD/YYYY) and Time (00:00)

可靠期限：此筛查表的可靠期限为五(5)天。如果陪同者在此期限之内出现了任何症状或者在无防护情况下接触了病例，此初次筛查访谈便自动作废。陪同者需填写新的筛查表。

Validity: This screening form is valid for five (5) days. Any symptom which may develop or any unprotected exposure within this coverage period for the Companion will automatically invalidate this initial screening session. Companion should accomplish a new screening form.