



HOME QUARANTINE CHECKLIST

The following evaluation is being done as requested by _____ for
_____, _____ years old, male/female, a new arrival from _____
arriving on _____, residing/intending to live in _____ for the mandatory
quarantine period of fourteen (14) days commencing on the date of arrival in Cagayan de Oro City.

Complied (yes/no)

Printed Name & Signature of Evaluator/Conformer

PARAMETERS:

- | | |
|--|---|
| <input type="checkbox"/> Own room with CR or own room with common CR | <input type="checkbox"/> Absence of high-risk individuals within the household (elderly/children/people with comorbidities) |
| <input type="checkbox"/> Available caregiver | <input type="checkbox"/> Information relayed to neighborhood (c/o zone/purok leader or HOA representative) |
| <input type="checkbox"/> Available supplies | <input type="checkbox"/> Available security/surveillance team to monitor compliance (c/o BHERT Chair) |
| <input type="checkbox"/> Thermometer | |
| <input type="checkbox"/> Face Mask | |
| <input type="checkbox"/> Disinfectants | |
| <input type="checkbox"/> Alcohol (hands) | |
| <input type="checkbox"/> Bleach (things) | |
| <input type="checkbox"/> Soap | |
| <input type="checkbox"/> Water supply | |
| <input type="checkbox"/> Garbage bags | |
| <input type="checkbox"/> Dedicated trash bin | |
| <input type="checkbox"/> Accessibility to Daily Monitoring | |

RECOMMENDATION:

- Home Quarantine is **RECOMMENDED**
- Home Quarantine is **NOT Recommended** because _____

Our Barangay Health Emergency Response Team (BHERT) has evaluated, and approved, the abovementioned nominated residence for Home Quarantine. Our BHERT takes responsibility in monitoring the aforementioned person/s during the course of the his/her/their 14-day Quarantine and will take appropriate action/s wherever necessary or applicable.

Printed Name & Signature of
BHERT/Barangay representative



ENDORSEMENT OF APOR

I, _____ representing _____ confirm that
ORGANIZATION REPRESENTATIVE NAME OF ORGANIZATION
_____, who arrived on _____ from _____ is an
NAME OF EMPLOYEE/MEMBER DATE PLACE/S OF ORIGIN
employee/member of our organization and is in the city for work purposes. Our organization takes full responsibility in monitoring our employee/s compliance to public health standards and safety precautions during their stay in the city, pledges to cooperate with the BHERTs and COVID19 Response Teams in ensuring that these standards and precautions are followed and will take appropriate actions wherever necessary or applicable.

Printed Name & Signature
of Organization Representative

GUIDELINES:

- 1) Adherence to public health standards (wearing of face mask & social distancing)
- 2) Whereabouts must be known at all times
- 3) Movement restricted to workplace to place of residence and vice versa only
- 4) Monitoring of temperature and signs of COVID19 infection
- 5) Report to BHERT or Company Nurse (if available) if coughing or colds is experienced
- 6) Compliance of existing local ordinances and guidelines, especially those that are related to the city's COVID19 response



ENDORSEMENT OF PERSON/S TRAVELLING FOR HUMANITARIAN PURPOSES

I, _____ confirm that _____, who arrived on _____
FAMILY REPRESENTATIVE PERSON/S ARRIVING
_____ from _____ is my _____ and is in the city to
DATE PLACE/S OF ORIGIN RELATION TO PERSON/S ARRIVING
_____. Our family takes full responsibility in monitoring their compliance to public health
PURPOSE OF ARRIVAL
standards and safety precautions during their stay in the city, pledges to cooperate with the BHERTs and COVID19
Response Teams in ensuring that these standards and precautions are followed and will take appropriate actions
wherever necessary or applicable.

Printed Name & Signature
of Family Representative

GUIDELINES:

- 1) Adherence to public health standards (wearing of face mask & social distancing)
- 2) Whereabouts must be known at all times
- 3) Movement restricted to hospital/funeral venue to place of residence and vice versa only
- 4) Monitoring of temperature and signs of COVID19 infection
- 5) Report to BHERT if coughing or colds is experienced
- 6) Compliance of existing local ordinances and guidelines, especially those that are related to the city's COVID19 response