

## BEST DIAGNOSTIC CORPORATION PATIENT DATA SHEET/ REQUEST FORM

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM Thermal Scan Temperature: \_\_\_\_\_ °C

I. PATIENT INFORMATION: (To be filled-out by requisitioner)			
Name: _____ First Middle Last		Date of Birth: _____ (MM/DD/YYYY)	
Address: Street, Barangay, District, Municipality, Province, Region		Gender: <input type="checkbox"/> M <input type="checkbox"/> F Age: _____ Mobile No.: _____ Telephone No.: _____	
II. REQUISITIONER INFORMATION: (To be filled-out by requisitioner)			
Name of Requesting Physician: _____		Requesting Company: _____	
Test/ Procedure Requested: _____		Address: _____ CP/ Telephone Number: _____	
III. HEALTH DECLARATION			
Please check the following and kindly be honest.			
In the past 14 days, did you have any of the following:			
	YES	NO	
1. Have you had/ presently having any of the following symptoms?			
a. Sore throat			Date of first day of symptoms: _____
b. Tiredness			
c. Dry Cough			Date of last day of symptoms: _____
d. Fever (37.5°C or higher)			
e. Diarrhea			
f. Difficulty of breathing			
2. Do you have travel history?			
			Specify: _____
3. Were you exposed or contact to anyone who are probable or confirmed case?			
a. Face to face contact			Date of last exposure: _____
b. Direct physical contact			
c. Person under monitoring (PUM)			
d. Person under investigation (PUI)			
e. Confirmed Covid case			
4. Do you have any history of COVID-19 infection?			
			Date swabbed: _____
5. Do you have any history of total antibody (+) OR IgM (+) and IgG(-) rapid antibody result?			
			Date tested: _____
6. History of confinement in the hospital?			
			Reason: _____ Date of Discharge: _____
7. Reason/s why you are requesting for testing and/or consultation.			
IV. DATA PRIVACY CONSENT			
In compliance with the RA 11332 or the Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act, in connection to CoVid-19 Pandemic, Best Diagnostic Corporation must report those who will be classified as possible, suspect and probable CoVid cases to the Regional Epidemiology and Surveillance Units (RESU). The act also requires that provided information must be true and correct.			
I, _____ give my permission to BEST DIAGNOSTIC COPRORATION to access and process my personal information or data which includes, but not limited to, name, age, gender, personnel number, address, religion, contact number, medical/ personal and social/ family history provided in relation to my medical examination.			
I understand and accept to undergo Covid -19 testing and to abide by the instructions given to me by the organization. And when required, I hereby authorise Best Diagnostic Corporation to disclose my test results and/ or any pertinent information required by the Government institutions who are authorise in handling Covid-19 cases for confirmatory testing.			
_____ Patient/ Legal Guardian's Signature over printed name		_____ Date	
To be accomplished by BDC Personnel:			
In behalf of BEST DIAGNOSTIC CORPORATION, I the undersigned confirmed that I am accessing the sensitive information provided by the client/ patient, as set out above, solely for the purpose of processing the medical examination requested.			
And shall protect the data that you provided in compliance with the Data Privacy Law of 2012 and its implementing rules and regulations			
_____ Triage Personnel's Signature over printed name		_____ Date	
***If found "positive" the patient shall be strongly advised to seek to consult in any of the referral hospitals.			
III. SPECIMEN INFORMATION AND LABORATORY TESTS: (To be filled-out by requisitioner. Please mark with an "X" on the space provided for the requested examination with additional information as requested. For pre-collected specimens, requisitioner to indicate the date and time of sample collection at the space provided.)			
LABORATORY EXAMINATION		( ) Covid Rapid Test ( ) Antibody ( ) Antigen Result: _____	
		( ) Other Laboratory Test: _____	
Collected by: _____		Date & time collected: _____	Performed by: _____
			Date & time collected: _____