

ANNOUNCEMENT!!!

WHAT: Neuro-Psychiatric Examination of JO1 Applicants (2nd Batch)

WHERE: BJMP-NHQ Bldg 144 Mindanao Avenue, Project 8, Quezon City (Main Conference Hall)

WHEN: June 4, 2021 (Friday)

TIME: 07:00am to 05:00pm

ATTIRE: White Shirt; Maong Pants (FEMALE); Short (MALE); Rubber Shoes; Facemask; Faceshield

WHAT TO BRING: 2pcs passport size picture with name tag; 2pcs pencil; 2pcs ballpen; bottled water; morning snack; packed lunch; afternoon snack; extra facemask; alcohol

IMPORTANT REMINDERS FOR APPLICANTS BEFORE CONDUCTING OF NEURO-PSYCHIATRIC EXAMINATION

1. Strictly **NO FACE MASK AND FACE SHIELD**, No Entry
2. Kindly fill-out the health declaration form before entering the facility.
3. Do not report in case you are experiencing sore throat, fever, cough and colds or loss of appetite. Inform immediately the Recruitment Officer In-Charge for re schedule.
4. Report on the said **TIME** schedule to observe the **SOCIAL DISTANCING** protocol.
5. For other queries you may contact JO1 Ma Carmela H Manicad through mobile number 0917-190-1913.

LIST OF APPLICANTS			
NO.	LAST NAME	FIRST NAME	MIDDLE NAME
1	ABSAR	ALRASID	MASDAL
2	HAMSI	RASHDI	UDDIN
3	FLOR	CLOEI	COLLADO
4	MACUNTE	JUNAIRAH	DICAMPONG
5	DINGLASAN	GEORGIA	APILADO
6	LUCEÑO	MARUEL	JUMAO-AS
7	FRESNO	RYAN	REMOTO
8	EROLES	MELANIE	REVILLA
9	YNTERPIDO	ARNAN	CORTEZ
10	BELUANG	JOSEPH CHRISTIAN	PORTUGUEZ
11	FABIAN	JESSCEL	CUMPIO
12	ILIGAN	MARY JANE	GADIL
13	SUMISIG	ALFIE	TAMBALIHOL
14	MORENO	ALMER	GALLEGO
NOTHING FOLLOWS			



HEALTH DECLARATION FORM

Bureau of Jail Management and Penology ensures the health and safety of individuals entering and leaving the BJMP premises. The following information is necessary in line with (Covid-19) monitoring, contact tracing, and prevention.

Date & Time:		
Name:		
Age:	Gender:	Contact #:
Region:		
Present Address:		
TEMPERATURE:	TRAVEL and HISTORY OF EXPOSURE Within the last 4 weeks	
<input type="checkbox"/> $\geq 38^{\circ}\text{C}$ <input type="checkbox"/> YES <input type="checkbox"/> NO	Countries or local places with known confirmed cases of COVID-19 <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, specify the location and date of your travel.	Have you been in CLOSE contact with a confirmed case of COVID-19? <input type="checkbox"/> YES <input type="checkbox"/> NO Have you had a CLOSE contact with or currently living with a relative/friend who is a FRONTLINER? (such as: health care worker, law enforcer or uniformed personnel, security guard, member of LGU or NGO & others with almost the same role including vendor/cashier in a public market/grocery store & others alike)
RESPIRATORY SYMPTOMS	Have you been in CLOSE contact with a relative or friend who had been to a country or place with confirmed case of COVID-19? <input type="checkbox"/> YES <input type="checkbox"/> NO Specify which country/place and date of contact with relative/friend:	Specify where your relative/friend works:
Presence of the following: <input type="checkbox"/> Cough <input type="checkbox"/> Colds <input type="checkbox"/> Sore Throat <input type="checkbox"/> Runny Nose <input type="checkbox"/> Shortness of Breath OR If identified with presence of any of the above, since when?	Have you been to a hospital/health care facility with confirmed case of COVID-19? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, specify health care facility & date:	Did you go out of your place or go somewhere else during your quarantine period? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, specify purpose, location and date:
	Have you been to a public market or grocery store? <input type="checkbox"/> YES <input type="checkbox"/> NO Specify location and date:	

Declaration: The information I have given herein is true, correct and complete. I understand that failure to answer any question or any falsified response may have serious consequences. (Article 171 & 172 of the Revised Penal Code of the Philippines).

Name and Signature

Date