

QUESTIONNAIRE (Please check the appropriate box that corresponds to your answer.	YES	NO
Do you agree and understand that Maxicare shall rely on the truthfulness and accuracy of your answers in the questionnaire and the evaluation of your reimbursement shall rely on your statements & representations?		
Do you have any existing medical condition of any of the following Chronic illnesses?		
Cancer currently on treatment		
Undergo dialysis		
Stroke		
AIDS/HIV		
Chronic Obstructive Pulmonary Diseases		
Bronchial Asthma		
Chronic Hepatitis		
Hear Diseases (Sakit sa puso)		
Chronic Kidney disease		
Diabetes Mellitus (Diyabetis)		
Spleen disease (sakit sa lapay)		
BMI >-40 of morbidly obese (sobrang taba) or with With steroids maintenance		
Do you experience any of the following COVID 19 symptoms for the last 2 weeks?		
Fever (lagnat)		
Cough (ubo)		
Sore throat or throat irritation (Maga or malaking lalamunan)		
Shortness of breath (hiras sa paghinga)		
Anosmia: loss of smell (pagkawala ng pang amoy)		
Ageusia: loss of taste (pagkawala ng panlasa)		
Colds (sipon)		
Nasal Congestion (baradong ilong)		
Myalgia or muscle pain (pananakit ng kalamnan)		
Fatigue or tiredness (pagkapagod)		
Diarrhea (pagtatae)		
Do you have any history of being admitted, quarantined for COVID-19 or exposed to a known positive COVID-19 patient/s?		
Are you a healthcare worker?		
What is the reason why you undergo RT-PCR testing?		
Required by Company, school or any institution		
Requested by the doctor prior to a medical procedure/surgery		
ASYMPTOMATIC but tested positive on Rapid Anti-Body test (RAT)		
Exposed to a positive COVID patient		
Other reasons (please indicate):		

Signature over printed name

Maxicare ID number

Company Name