***Annex “C”***

**Post Examination Health Surveillance Form**

*Instructions: Please continue to follow social distancing and the wearing of face mask even after the exam. You are required to send an email at* *the* *official email address of the Regional Office where you take your licensure examination 15 days after the last examination date. Please provide truthful information relative to your health status.*

Dear PRC,

Good day! I took the  licensure examination last .

 *(profession)*  *(date)*

I would like to inform you of my health status as of .

 *(date)*

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Testing Venue:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Room No: \_\_\_\_\_\_\_

Seat No: \_\_\_\_\_\_\_\_

My health status is: *(Please check (✓) all relevant items)*

\_\_\_ have no symptom/s.

\_\_\_ am with the following symptom/s:

\_\_\_ fever

\_\_\_ cough

\_\_\_ easy fatigability

\_\_\_ other signs/ symptoms or remarks: \_\_\_\_\_\_\_\_\_\_\_

*After completing the message, you will receive an acknowledgment and/or further instructions from PRC.*

*Thank you for your cooperation and STAY SAFE.*