

FIRST BATCH (AFTERNOON SCHEDULE)**LIST OF JO1 APPLICANTS FOR FINAL NEURO-PSYCHIATRIC INTERVIEW****1300H APRIL 27, 2022 (Wednesday)****VENUE: Conference Room, 86 BLBC Building, Congressional Ave., Project 8, Brgy. Bahay Toro, Quezon City**

NO.	APPLICATION NUMBER	LAST NAME	FIRST NAME	MIDDLE NAME	SEX
1	20220103922	ABESIN	EMILYN	GICALDE	FEMALE
2	20220103935	AQUINO	JENELYN	MORALES	FEMALE
3	20220103979	BALADAD	MELODY JOY	ADVINCULA	FEMALE
4	20220103994	BINLANG	SHEREEN	BUYUCCAN	FEMALE
5	20220104028	BUSMEON	REGINE ROLDA	MONTECERA	FEMALE
6	20220103989	CAMANGI	SHERWYNE	MOGUIT	FEMALE
7	20210103236	CANZANA	TRISHA	LANCIAN	FEMALE
8	20210203442	DE GUZMAN	ANGELICA MAE	ROSIMO	FEMALE
9	20220104064	DIABORDO	ARMIE	ARCADIO	FEMALE
10	20210103242	DIOSO	MARRIANNE KATE	GARCIA	FEMALE
11	20220104030	DOLENDO	DIESEBEL	BARRUN	FEMALE
12	20220104072	ESTRERA	JONA RONA	LAPUT	FEMALE
13	20220103933	GUBAN	ADELIZA	DOGILLO	FEMALE
14	20220204507	INTERTAS	RONALYN	SELMO	FEMALE
15	20200203142	KADIR	NORHANAH	UDSIMAN	FEMALE
16	20220103953	MACABABBAD	RIZZA	OBAL	FEMALE
17	20220103902	MACINAS	MAEVILYN	BELARMA	FEMALE
18	20181000530	MAGRAMO	SOFIA	ARMADA	FEMALE
19	20220103921	MILLESKA	DANICA LYNN	LACAMBRA	FEMALE
20	20190101049	ORAPA	JOCHELE	ALBERIO	FEMALE
21	20220104242	PAILDEN	LIEZEL	HIMARANGAN	FEMALE
22	20210203696	PALANGDAO	JENESIS	FIDCHAO	FEMALE
23	20220104095	PANGINDIAN	YANELA KATHRENE	VERGARA	FEMALE
24	20190201699	PANTAY	JENNIFER	MURILLO	FEMALE
25	20220204580	PATRAS	MELISSA	SAINGAN	FEMALE
26	20220204404	QUINE	SHIELA MARIE	CESAR	FEMALE
27	20189000113	RAMIREZ	ARVEE	PURGADES	FEMALE
28	20210203499	RAMOGA	RHEA MAE	TIU	FEMALE
29	20220204489	SABENIANO	CATHERINE	MENESES	FEMALE
30	20220104011	SESE	MAY ANN	MESA	FEMALE
31	20210203653	TALISAY	RICHEL	MALAZARTE	FEMALE
32	20220204398	TAMBOONG	DEUTERINE MAE	LUCERO	FEMALE
33	20220204480	TAMSI	EDESA	AUGUIS	FEMALE
34	20220103905	TATSON	MA. ANGELA	SEVILLEJA	FEMALE
35	20220204491	TECSON	CHARMAINE GAYLE	ASUNCION	FEMALE
36	20191002193	TORRES	DANNAH JEAN	FRIAS	FEMALE
37	20220103907	TRISTE	DIANNE ROSE	NESULA	FEMALE
38	20220103909	USMAN	REYHAM	ESMAEL	FEMALE

COVID -19 SCREENING and EVALUATION FORM

Name:			Date:
Age:	Gender:	Contact #:	Jail Unit:
Address or Specify Place of Quarantine:			
Vital Signs: BP:	PR:	RR:	SPO2: Temp:

TRAVEL and HISTORY OF EXPOSURE		
For PDL/APPLICANT	YES	NO
Have you travelled to an area with reported known local transmission 14 days prior to onset of symptoms?		
Specify which area and date of travel and duration of stay:		
Have you been in CLOSE contact with a confirmed or probable COVID-19 patient during the 14 days prior to onset of symptoms?		
Specify date of contact:		
For PERSONNEL	YES	NO
Have you travelled to an area with reported known local transmission 14 days prior to onset of symptoms?		
Specify which area and date of travel and duration of stay:		
Have you been in CLOSE contact with a confirmed or probable COVID-19 patient during the 14 days prior to onset of symptoms?		
Specify date of contact:		
Have you been to a hospital/health care facility with confirmed case of COVID-19 14 days prior to onset of symptoms?		
If YES, specify health care facility & date:		
Have you had a CLOSE contact with or currently living with a relative/friend who is a FRONTLINER?		
Specify where your relative/friend works: IPD OFFICE, BMJP-NCRO		

Have you experienced respiratory symptoms?			
	YES	IF YES	NO
		DATE OF ONSET	DURATION
Dry Cough			
Colds or Nasal Congestion			
Sore Throat or Throat Irritation			
Runny Nose			
Shortness of Breath			

Have you experienced other symptoms?			
	YES	IF YES	NO
		DATE OF ONSET	DURATION
Fever			
Loss of Smell and Taste			
Diarrhea			
Myalgia or Muscle Pains			
Tiredness			

Have you been diagnosed with medical conditions?			
	YES	IF YES, SINCE WHEN?	NO
Hypertension			
Diabetes			
Asthma			
Heart Disease			
Tuberculosis			
Chronic Obstructive Pulmonary Disease			
Cancer			
OTHERS			

Under pain and penalty of perjury and case for discharge, I certify under oath that the info given is true, accurate and complete.

(Signature Over Printed Name)

Screened by:

Remarks and Recommendations: (To be filled by Attending Physician)