

**FIRST BATCH**

**LIST OF JO1 APPLICANTS FOR FINAL NEURO-PSYCHIATRIC INTERVIEW**

**0800H 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	20220204496	ABELLIGOS	CLARICE	BEA	FEMALE
2	20220104112	AMARO	ABIGAIL	ZUÑIGA	FEMALE
3	20220204459	ARAMBULO	YJOANNE MAE	BORLAGDATAN	FEMALE
4	20190701998	BALEÑA	MA. ERIKA	BEJAR	FEMALE
5	20220204498	BALUT	RANDLYN	MANZANO	FEMALE
6	20220204499	BANIASEN	FLORIJAY	MANANGAT	FEMALE
7	20220103990	BEREN	JOANNE	BODORAYA	FEMALE
8	20220104000	BERNABE	ROSEMARI	RAGA	FEMALE
9	20220204400	BONAOBRA	DANICA SHANE	CHUNG	FEMALE
10	20220104034	BONOS	JESSA AUBREY	HESTIADA	FEMALE
11	20200102770	CABANTING	CRISANTA	MINA	FEMALE
12	20220103982	COMPLETO	ROSE	CIOCONSON	FEMALE
13	20189000287	CURAYAG	KIMBERLY	CONSOLACION	FEMALE
14	20220204502	DAGDAG	CHERRY ANN	BRAVO	FEMALE
15	20220104342	DAMIAN	ALYSZA CLAYRE	REGALADO	FEMALE
16	20220103911	DAYSA	JULIE	BANIAGA	FEMALE
17	20220104090	DE VERA	CHARLYNE	SILVA	FEMALE
18	20220103932	DIO	RONALYN	MADRONIO	FEMALE
19	20220104147	EBORA	MARIA RONA	LUGATOC	FEMALE
20	20210203509	EMPERADOR	RUBY	MALLARI	FEMALE
21	20220204503	ENCINARES	EDJEAN	RIOS	FEMALE
22	20220204486	EPI	LILYBETH	PISTOLA	FEMALE
23	20190201460	ESGUERRA	HONEYLETTE	VERA	FEMALE
24	20220204416	FUJINAWA	MIKA	PALMON	FEMALE
25	20190201522	GARIN	ANJANETH	DELOS SANTOS	FEMALE
26	20220104102	GOTERA	MA. DOLORES	ANDRADE	FEMALE
27	20220104032	GUERRERO	MICHELLE	RABINO	FEMALE
28	20210203536	HANGDAAN	ELLAINÉ	AGUIAN	FEMALE
29	20200203164	LIBRES	LOVEÑA	ESPIÑOZA	FEMALE
30	20220104103	LORENTE	MA. CRISTINA	DE LEON	FEMALE
31	20210203517	LORENZANA	CRISHA	BAUTISTA	FEMALE
32	20200102982	LOVINO	TEOFILGEM	BALLETA	FEMALE
33	20191002201	MAGLASANG	MARY JOICE	TANIONGON	FEMALE
34	20220103985	MALICDEM	ELIDIA JADE	DELA CRUZ	FEMALE
35	20210203540	MALLILLIN	JONALYN	MAIMBAN	FEMALE
36	20210203369	MANLANGIT	JENNICA ANNE	ALIPIO	FEMALE
37	20220204475	MIRANDA	VENUS	TEJADA	FEMALE
38	20220204487	NOPIA	FRANCES CHIARA	CLEMENTE	FEMALE
39	20220103944	ORTICIO	PAULA	MERCIALES	FEMALE
40	20200102916	PADAGAS	GINALYN	GANDEZA	FEMALE
41	20210203511	PANGAN	HAZEL	TIRAÑA	FEMALE
42	20220104086	PASILIAO	VENUS	MANANGAN	FEMALE
43	20220204402	RACE	JOELYN	MANLISES	FEMALE
44	20220204511	RAMOS	ESTELA MARIE	MENDIJAR	FEMALE
45	20210203437	REGALA	JEANETTE	PARCON	FEMALE
46	20220103927	REYES	JACILYN		FEMALE
47	20220104341	ROQUE	MYRNA WILONDRA GEORGIA	BOCOBO	FEMALE
48	20220204419	SAAD	JOESHEL	BERMAL	FEMALE
49	20220204513	SALES	MARIANNE MAE	MARTINEZ	FEMALE
50	20220204418	SALVADOR	MA ANGELU	CALAGOS	FEMALE
51	20220104044	SAPLA	AIVY MARIE	DOMINGO	FEMALE
52	20189000397	SOLIVA	RAQUEL	GAQUIT	FEMALE
53	20220104017	SOMANDAR	MARIAM	ABDURAJAK	FEMALE
54	20220104018	SUMALINOG	ELYSSA MAY	URBINO	FEMALE
55	20220103988	TABADA	JANNESE CHRISTINE	ANDULAN	FEMALE
56	20220103900	TABALANZA	CAMILLE	SANTIAGO	FEMALE
57	20220204467	TARRIELA	MAECEL ANN	MARQUEZ	FEMALE
58	20220104020	TINGCANG	MERYJOY	YURONG	FEMALE
59	20220104330	TORRENUJEVA	ANNIE	TABIRAO	FEMALE
60	20220104241	TORRES	MARIVIC	MORADA	FEMALE
61	20220104003	URU	ANGEL	CASTRO	FEMALE
62	20210203699	VALDEZ	MARIE ANN	AGUILAR	FEMALE
63	20220104118	VERAS	ADELFA MAE	MUSA	FEMALE
64	20210203670	VERGARA	ROSELLE ANNE	LUNA	FEMALE
65	20220103977	WALIN	MALAYA HELENA	TABTAB	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		
<b>For PDL/APPLICANT</b>	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:		
<b>For PERSONNEL</b>	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)