

FOURTH BATCH

LIST OF JO1 APPLICANTS FOR FINAL NEURO-PSYCHIATRIC INTERVIEW

0800H MAY 18, 2022 (WEDNESDAY)

VENUE: Conference Room, 86 BLBC Bldg., Congressional Avenue, Project 8, Bahay Toro, Quezon City

NO.	APPLICATION NUMBER	LAST NAME	FIRST NAME	MIDDLE NAME	SEX
1	20220204484	AGRAVANTE	GILBERT BRYAN	LUARES	MALE
2	20220204382	ANIDO	JOHN REB	MAKILING	MALE
3	20220104007	ASAN	RONIE	CASWANG	MALE
4	20220104026	BANUA	JAY MARK	BURLAS	MALE
5	20220104078	BORAL	JEROME	GANTE	MALE
6	20220103917	BUISON	ALBERT	BRUL	MALE
7	20220103971	CABREZA	JOHN MELCHIZEDEK	SANTOS	MALE
8	20220104099	CAPONES	BRYAN	NIEVA	MALE
9	20220103975	COMPETENTE	MARK ANTHONY	DOMINGUEZ	MALE
10	20220104014	CORRAL	JOHN RENZO	GARFIN	MALE
11	20220204555	DADO	JONATHAN	LOVENDINO	MALE
12	20220103924	DIWATA	EMMANUEL	ALOTA	MALE
13	20220104021	DURAN JR	ARISTON	DE ANDRES	MALE
14	20220104097	EVANGELISTA	NEODELIO	ROXAS	MALE
15	20220204534	GARAY	JHON MICHAEL	LAINO	MALE
16	20220204445	GARGALLANO	EDMAR IAN	APUNDAR	MALE
17	20220104027	GIANAN	BRYAN JAY	CABRERA	MALE
18	20220204473	GONZALES	NEIL JUDE	ATOLE	MALE
19	20220104347	JANABAN	CHRISTIAN	LEGASPINA	MALE
20	20220104081	JUMUAD	JOAL JAN	LAGARIZA	MALE
21	20210203471	KEMPIS	JOHN RANDY	SINGH	MALE
22	20220104261	LIM	JESS TONY	SALUTAN	MALE
23	20220204547	MARIANO	JOHNREY	BACUD	MALE
24	20220104125	MOBIN	ALICAIR	LUMASAG	MALE
25	20220204521	MONTILLA	CHRISTIAN	CLORION	MALE
26	20200203143	PERDIDO	JHON JHON	REMORIATA	MALE
27	20210203777	SAGLORIA JR	JAIME	SANTOCILDES	MALE
28	20220104267	SARMIENTO	JAY-AR	BUDAY	MALE
29	20220103908	SEMACIO	ARVIN JOHN	TIFLIS	MALE
30	20220204437	TUBBAN	IVAN	VIDANIA	MALE

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)