

SECOND BATCH

LIST OF JO1 APPLICANTS FOR FINAL NEURO-PSYCHIATRIC INTERVIEW

0800H MAY 12, 2022 (THURSDAY)

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	20220304746	AGUIRRE	JOCRIS	DE LEON	MALE
2	20210103193	ALADIN	YAM AUSTRIN FLONARD CHRISTOPHER	CLARO	MALE
3	20220104155	ALCANTARA	MAR HARSLEY DONALD	SUNGA	MALE
4	20191102345	ALMEYDA	REENDEL	RONDOLO	MALE
5	20220104133	ARIZ	ROYDE WILSON	SIBAYAN	MALE
6	20220204372	ARRUBIO	CLARK IAN	SUSANA	MALE
7	20220104217	BACSA	MARK JHON	RAMOS	MALE
8	20220104313	BALCUEVA JR	JOSELITO	SARCIA	MALE
9	20220104317	BALEÑA	JOSEPH	SILANGA	MALE
10	20220104053	BANDILLA	RONALD	TULIAO	MALE
11	20220304687	BANGAO JR	ELARDE	GANNISI	MALE
12	20200103057	BARATETA	JONATHAN	ROCA	MALE
13	20220304686	BERCERO	JAMES NATHANIEL	MENESES	MALE
14	20220104129	BUELO	EDCEL	MAGSUMBOL	MALE
15	20220304679	BULLAWIT	ROLLY JAY	BAHINGAWAN	MALE
16	20220104298	CANALITA	ANTON	SIBULO	MALE
17	20220204583	CARAG	CEDRIC	ARAO	MALE
18	20220103997	CARDIÑO	JOHN CARLO	CALITES	MALE
19	20220204542	CARGANILLA II	EDUARDO		MALE
20	20220104202	CHAN	MARK JAYSON	CUYO	MALE
21	20220104022	CONSUEGRA	JOHN MARK	BOBIS	MALE
22	20220204621	COROS	MIRCARL	CAMUS	MALE
23	20220104055	DAVID	JHON ERROL	CAPALAR	MALE
24	20220304689	DAYAG	JHAYCO	UALAT	MALE
25	20220204442	DE GUZMAN	AQUARIUS THADDEUS	MIRANDA	MALE
26	20220103950	DELA CRUZ	ELFREN	SALVADOR	MALE
27	20220104127	EBOL	PATRICK	BUDOMO	MALE
28	20210503879	ESTEVEZ	FREDERICK	MOLINA	MALE
29	20220104214	FRANCISCO	LORDWIN	CALAUNAN	MALE
30	20191102408	FUGOSO JR	EDUARDO	LIONGSON	MALE

NO.	APPLICATION NUMBER	LAST NAME	FIRST NAME	MIDDLE NAME	SEX
31	20210203450	GADIANO	CLARK GARRET	BALANCIO	MALE
32	20220204384	GALDAYEN	EMERILLE JEYSPER	LAAYON	MALE
33	20220104218	GERILLA	CARLO	MARGALLO	MALE
34	20220104006	GERONA	BILLY JAY	DELA CRUZ	MALE
35	20220204537	IGNACIO	ELDRIN	VERANO	MALE
36	20220104066	LABIS	JOUNOVER	BANSAG	MALE
37	20220103967	LOPEZ	JOHNDARYL	VADIL	MALE
38	20220304775	LUCEÑO	RHENY BOY	ORTIZ	MALE
39	20220304635	MACALISANG	JOASH	ABATAYO	MALE
40	20220104101	MIJARES	ARCHIE RENDELL	AYUDA	MALE
41	20220104013	MIÑON	JEFFERSON	CRUZ	MALE
42	20220204432	MOLINA JR	NELSON	AGGABAO	MALE
43	20220104206	PRILA JR	HERBERT	BAGASBAS	MALE
44	20220304697	PRIVADO	JOHN PATRICK	AGUABO	MALE
45	20220304633	REYES	BRYAN	GOMEZ	MALE
46	20220304718	SAN PASCUAL	KURT	CARIÑO	MALE
47	20220103897	TORIO	JESSY	TAMAKEN	MALE
48	20220304627	TORRES	ROWEL	BAUSTISTA	MALE
49	20220304725	TUMBALI	ROBERT	VILLAMOR	MALE
50	20220104120	VELASCO	ERMHELL	CHUA	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)