

THIRD BATCH

LIST OF JO1 APPLICANTS FOR FINAL NEURO-PSYCHIATRIC INTERVIEW

0800H MAY 17, 2022 (TUESDAY)

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	20220304730	ALINDAYO	ALLAN REIL	SAGANDOY	MALE
2	20220104302	ALVIAR	JOHN PAULO	TOLEDO	MALE
3	20220104165	BANIQUED	KRISTOFFER CARL	SORIANO	MALE
4	20220104303	BARSANA	CHRISTIAN	ALEGARME	MALE
5	20210103218	BONA	JAN BRIAN	ESCOSIO	MALE
6	20220104139	BUENAOBRA	ARWIN JOHN	SOLATORIO	MALE
7	20220304678	BUNNAG	ROMARTIN	HALAMAN	MALE
8	20220104145	CABARDO	ESMAEL	MEMORACION	MALE
9	20220304702	DAVID	JAMES JOEL	CARAGDAG	MALE
10	20220204447	ENKIWE	JESTER REY	BANNUWAG	MALE
11	20220104122	IRAHAM	HAIVER	KIDOL	MALE
12	20220104040	LINAO	CEJAY	COMAHIG	MALE
13	20210503831	MAANG	JUNNEL	ORION	MALE
14	20220304742	MANERA	MACARIO	SIMANGAN	MALE
15	20220104323	MARTINEZ	MELVIN	ALBA	MALE
16	20220104094	MATEO JR	DANTE	CALIGUIRAN	MALE
17	20220204522	MEJIAS	JUSTINE KARL	MAGSAYO	MALE
18	20220104091	MENDOZA	ERICK JHON	JAMASCO	MALE
19	20220204374	MIKIN	JAYMART	IMBOK	MALE
20	20220204559	NARTATEZ	JEFFERSON	DAMASO	MALE
21	20220104201	NATIVIDAD JR	RIZALDY	DESIERTO	MALE
22	20210203761	NAVALES	CARLOS	LAMAN	MALE
23	20220104193	NAVALES	CRISTOFFER	CASIO	MALE
24	20220204383	NICERIO	JOSE MIGUEL	NOCETE	MALE
25	20220104065	NOCEDAL	REYMARK	PASCUAL	MALE
26	20220304749	OBAR	JOHN MARK	DUYAN	MALE
27	20220104038	OÑEDO	RICHARD	BLAZADO	MALE
28	20220204363	ORQUIA JR	MIGUEL	PLUMA	MALE
29	20220304709	PACHECO	PATRICK JOMAR	GAPUZ	MALE
30	20190802030	PALLONES	DHARIAN PAUL	VELASCO	MALE
31	20220104171	PANTALEON	DENNIS	SIALONGO	MALE
32	20220204357	RAMORAN	NOEL	CADELINIA	MALE
33	20210503818	SANTOS	GERRSON	CORPUZ	MALE
34	20191102367	SAPUNGAN	JEJUNE	SILVINO	MALE
35	20220304664	SIGNO	JHUN ANDREW	LORIA	MALE
36	20220204375	VITALES	JHIMBOY	TALAMANTE	MALE
37	20220204581	YLANAN	RONNEL	ESTIYA	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)