

### THIRD BATCH (ADDITIONAL)

#### 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	20220104216	CRISTOBAL	BONJOBI	RAMOS	MALE
2	20220304648	DECELO	CYRON	ZAPE	MALE
3	20220104299	LAPURGA	JUNEL CRIS	AGUINALDO	MALE
4	20220204525	LONDRES	ELFRED	PATIÑO	MALE
5	20220104344	MALLILLIN	PAULO JOSHUA	LAGUD	MALE
6	20181200962	MIÑO	KIRVIE	MOLANO	MALE
7	20220104136	MONES	LEONARD	OTILLANO	MALE
8	20190702016	MONTIBON	MICO	CAPATE	MALE
9	20210503811	MORIT JR	NOEL	TACORDA	MALE
10	20220204439	PAMITTAN	MARK JOSE	ZALUN	MALE
11	20190201720	ROXAS	ROBIN JOHN	MARIANO	MALE
12	20210203565	SEVILLANO	JOHN CHRISTOPHER	BALONDO	MALE
13	20220104333	SOBREPEÑA	ADAM RANDELL	TOLENTINO	MALE

### FOURTH BATCH (ADDITIONAL)

#### 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	20220104232	ABAYON III	JHONLEX TITO	ONG	MALE
2	20220104348	AGUILOS	MARK CLARINCE	MAGTULIS	MALE
3	20220204562	BAYBAYON	CRISTIAN	GOLBE	MALE
4	20220204377	CADAG	JAY RYAN	LENOGON	MALE
5	20220104225	CALABITIN JR	DOMINADOR	CASABAR	MALE
6	20220104316	CEPE	JOMAR	COLLANTES	MALE
7	20220104211	CONTANTE	JEZREEL	TUMULAK	MALE
8	20200203140	DAWA JR	ISIDRO	IRLANDEZ	MALE
9	20220104142	DE JOSE	JOHN AARON	OPPUS	MALE
10	20220104325	DOLLETE	IAN GLENN	DEPOSITARIO	MALE
11	20220104184	ESPENILLA	JHON REY	TUYAY	MALE
12	20220104307	FANER	JAKE	MANLAPAS	MALE
13	20210503808	FRAGO	JOHN CARLO	OXIMINA	MALE
14	20210203721	GALLEGO	ANGELBERT	DIO	MALE
15	20220104223	GARCIA	JAY	CAÑETE	MALE
16	20210203735	GIANAN	KURT WILLIAM	ALCANTARA	MALE
17	20220104100	HERMOGENO	PRINCE ALDEC	GUINA	MALE
18	20220204533	LICUANAN	RONEL	SALVADOR	MALE
19	20200203145	MAGWA	BRIXTON	YAWAN	MALE
20	20191202578	MANALASTAS	SEEDRIC	DE JESUS	MALE
21	20220103993	MARTINEZ JR	CARLOS	CABANELA	MALE
22	20220103978	MELCHOR	JOEMEL	TUBERA	MALE
23	20220103929	NUMBALIN	LAURIS	LUNAG	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		
<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)