THE MANILA RESIDENCES TOWER I & TOWER II, INC.

Date : _____
TO : THE ADMINISTRATION OF THE MANILA RESIDENCES TOWER II
RE : REQUEST FOR MOVE-IN OF TENANT/NEW OCCUPANT

I/We, _____, owner/s of Unit _____ at The Manila Residences Tower 2, request your office to allow the move-in of _____ into my/our unit and to occupy the same from _____ until _____.

I/we are aware that the Administration is imposing policy on move-in of tenants/new occupants in relation to the Modified Enhanced Community Quarantine.

I/we and my/our tenant/s undertake to submit to the rules being imposed in the building due to COVID-19 situation. I/we am/are also taking full responsibility/liability for the damages/consequences in case I/we or my/our tenant/s violate the said rules or any of us is found to be a carrier of the virus. I/we are acknowledging that my tenant/s should follow the 14-day strict home quarantine advised by the DOH for those who have travelled from or within the city with confirmed Covid-19 cases. I/we are also guaranteeing the truthfulness of the statements found below as declared by my tenant/s.

_____
Printed Name and Signature of Owner

SELF-DECLARATION OF GUEST

IMPORTANT REMINDER – *Accomplish this form honestly and completely to facilitate our screening procedure. Anyone found giving false information is liable and punishable in accordance with the Philippine laws.*

Personal Data:

Name: _____
Last Name ***First Name*** ***Middle Name***

Sex: ___ **Age**: ___ **Nationality**: _____ **Civil Status**: _____

Address: _____

Tel/Mobile No. _____

Occupation: Works in a Hospital, clinic or nursing home _____
Others (Specify): _____

Travel History:

Were you out of the country within the past two (2) weeks: Yes _____ No _____

If yes, where? _____

Arrival Date: _____ **Port of Origin**: _____ **Flt #**: ____ **Seat #**:____

Have you been in contact with anyone who has been in a country with known positive COVID-19 cases?

Yes_____ No _____ If yes, when? _____

Have you been in contact directly or indirectly with anyone who is a symptomatic/PUM/PUI? Yes _____ No _____

Where were you in the past two (2) weeks (within Philippines)

_____ _____ _____

Please check if you have any of the following at present or during the past 14 days:

[ ] Fever [ ] Difficulty of Breathing
[ ] Cough and/ or Cold [ ] Others (Specify) : _____

	YES	NO
Did you visit any health worker, hospital, clinic or nursing home?	[ ]	[ ]
Did you visit any poultry farm or animal market?	[ ]	[ ]
Were you confined in a hospital?	[ ]	[ ]
Did you take anti-fever medication during the last 4-6 hours?	[ ]	[ ]

_____
Signature over printed name of declarant