

Date: \_\_\_\_\_

**TO : THE ADMINISTRATION OF RADA REGENCY**  
**RE : REQUEST FOR MOVE-IN OF OCCUPANT**

I/We, \_\_\_\_\_, owner/s of Unit 908 at Rada Regency, 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 a temporary suspension on move-in of guests/tenants in relation to the current General Community Quarantine. However, I/we are making this special request due to \_\_\_\_\_.

I/we and my/our guest 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 guest 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 guest.

\_\_\_\_\_  
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) : \_\_\_\_\_

Did you visit any health worker, hospital, clinic or nursing home? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you visit any poultry farm or animal market? Yes \_\_\_\_\_ No \_\_\_\_\_

Were you confined in a hospital? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you take anti-fever medication during the last 4-6 hours? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
*Signature over printed name of declarant*

For inquiries please contact Rada Regency : [radaregency@rocketmail.com](mailto:radaregency@rocketmail.com); (02) 8856-7232