



UNIVERSITY OF THE PHILIPPINES LOS BAÑOS
Office of the Chancellor

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UPLB VISITOR'S COMMITMENT TO DISCLOSE HEALTH EVENTS OF PUBLIC HEALTH CONCERN
(Tungkulin ng Isang Bisita ng UPLB na Ipaalam ang Alinmang Kaganapang Makakaapekto sa Pampublikong Kalusugan)

I, *(Last Name, First Name, Middle Initial)* _____, _____ years old,

male / female, and residing at _____

commit to disclose any health event to UPLB, such as symptoms related to COVID-19 infection, exposure or contact with a confirmed COVID-19 case, as prescribed in Republic Act 11332, otherwise known as the:

Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act

That should I have the above-related health events, I shall not proceed with my approved visit to UPLB until I have consulted with a physician, and until I have been given medical clearance. I also understand that non-compliance of the above will warrant the appropriate sanctions as provided for by the law and under the regulations of the University.

Lastly, I fully understand my responsibility to protect the UPLB Community from infectious disease hence, ***I am signing this commitment.***

Signed:

Attested to:

Name & Signature of Visitor/ Date

Name & Signature of Attesting UPLB Employee/ Date