



VISITOR CONTACT TRACING FORM

Please fill up the form below in compliance with DTI and DOLE Interim Guidelines on Workplace Prevention and Control of COVID-19. Your cooperation is greatly appreciated.

Full Name (Last, Given, Middle): _____ Date of Visit (MM/DD/YY): _____

Complete Current Address (House No., St., Brgy., Municipality/City, Province) : _____ Time of Visit : _____

Mobile / Phone Number : _____ Company to Visit : _____

Email Address : _____

I declare that I am not experiencing any COVID related symptoms (sore throat, body pains, headache, fever, loss of taste and lost of smell) currently.

I hereby authorize SM Investments Corp., to collect and process the data indicated herein for the purpose of contact tracing effecting control of the COVID-19 transmission. I understand that my personal information is protected by RA 10173 or the Data Privacy Act of 2012 and that this form will be destroyed after 30 days from the date of accomplishment, following the National Archives of the Philippines protocol.

Signature : _____



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