**AFFIDAVIT OF UNDERTAKING**

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of legal age,  resident of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , Bohol, after having been sworn to hereby depose and state that:

 1. I have been in (place) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ since (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ because of the travel restriction imposed by the lawful authorities due to COVID 19 threats;

 2. I want to return to my residence in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Bohol subject to the terms and conditions to be imposed by lawful authorities;

 3. I have completed 14-day quarantine, supervised and duly certified by the Department of Health (DOH) or Barangay Health Emergency Response Team (BHERT) at the point of my origin.

4. I will undergo an FDA-approved Rapid Diagnostic Test;

  5. I understand that if I test positive after the Rapid Diagnostic Test, I shall remain at the place of origin for further testing for viral RNA (PCR);

  6. I agree to abide by the guidelines promulgated by PEMA Bohol in transporting me from the quarantine facility in my place of origin to the quarantine facility in Bohol;

  7. At the time of boarding for my departure to Bohol, I will truthfully declare the presence of any symptoms that I will be experiencing such as fever, cough, coryza, sore throat, diarrhea, and shortness of breath;

  8. I consent to undergo another quarantine immediately upon arrival in Bohol at a designated LGU quarantine facility for a period of 14 days, or as will be required by the circumstances of my health condition;

  9. I agree to submit myself to further testing upon arrival and during the 14-day quarantine period at the new quarantine facility in Bohol to confirm the result of the rapid test;

  10. I will faithfully abide by the Protocols in the quarantine facilities;

  11. I hereby waive the right to be visited by members of my family or any persons for the entire duration of the quarantine period, for 14 days or more, as will be required by the circumstances of my health condition.

IN WITNESS WHEREOF, I have hereunto affixed my signature on this \_\_\_\_ day of \_\_\_\_\_\_ 2020 in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Philippines.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Affiant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport/ID No.

SUBSCRIBED AND SWORN TO BEFORE ME, on this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_ 2020, and at the place as above stated affiant exhibited to me a Philippine Passport/Identification Card/Document as above indicated as competent proof of identity and as required by law.