

Annex J

Certification of COVID-19 Home Isolation Kit Issuance

This is to acknowledge receipt of the COVID-19 Homecare kit.

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|---|---|
| <input type="checkbox"/> 1L 70% Alcohol | <input type="checkbox"/> Drugs and medication |
| <input type="checkbox"/> 5 pieces Face Mask | <input type="checkbox"/> 18 pcs Paracetamol (500 mg) |
| <input type="checkbox"/> 1 unit Pulse Oximeter | <input type="checkbox"/> 12 pcs Lagundi Tablets or equivalent |
| <input type="checkbox"/> 1 unit Digital Thermometer | <input type="checkbox"/> 6 sachets ORS |
| <input type="checkbox"/> Authorization and Consent to Participate in Teleconsultation | <input type="checkbox"/> 10 pcs Ascorbic Acid |
| | <input type="checkbox"/> 10 pcs. Vitamin D |
| | <input type="checkbox"/> Zinc |

(Signature over Printed Name of Patient and Date)

PhilHealth Identification No. (PIN): _____

COVID-19 Home Isolation Kit Issued by: Signature over printed name

Date: _____