

**BALIK PROBINSYA OPERATION CENTER**

COVID- 19 Global Pandemic

NAME	BT CONTROL #	
	ADDRESS	
CONTACT # (cellular phone #) Applicant and Family residing in your Home Town	Place of Origin (complete Address)	Residence in Surigao del Sur (Purok, Barangay, Municipality/City)
EMAIL ADDRESS	DEPARTURE	ARRIVAL
	Date: _____	Date: _____
Reason for being stranded:	Time: _____	Time: _____
<input type="checkbox"/> OFW _____	Valid I.D. Presented? I.D. #	
<input type="checkbox"/> STUDENT _____	RECEPTIONIST	
<input type="checkbox"/> WORK _____	NAME: _____ Hotline: _____	
<input type="checkbox"/> TOURIST _____	Conditions and Agreements:	
<input type="checkbox"/> OTHERS _____	1. Pre- Departure Requirements Medical Certificate issued by a licensed physician that the Balik-Surigaonon is not a PUI/PUM and that the stranded have undergone at least 14 days quarantine and have been subjected to health and physical examination immediately prior to departure date.	
MODE OF TRANSPORTATION:	2. Upon Arrival you are to be placed in the isolation facility area in your Home Town. 3. Visitors are strictly not allowed to enter the isolation area for 14 days quarantine period. 4. Only direct family member or guardian may be allowed to bring food and other necessities at the main gate. 5. Family member or guardian will provide beddings, hygiene kit, eating utensils and plates, bath towel.	
<input type="checkbox"/> Bus	<input type="checkbox"/> PU Van	
<input type="checkbox"/> Private Vehicle		
<input type="checkbox"/> Government		

I hereby undertake to strictly abide by the medical, physical and documentary requirements imposed in the Province of Surigao del Sur before and upon entering the borders of Surigao del Sur. I expressly agree that holding and isolation protocols shall not be considered illegal detention an any similar crime/ violence. I HEREBY waive and relinquish all rights and privileges I have under the law.

Signature over printed name of PUM

Signature over printed name of Family Member

Signature over printed name of Punong- Barangay

Municipal / City Health Officer

Municipal / City Mayor

Petsa: _____

PUM No. _____