



Republic of the Philippines  
Department of Health

PROFILE OF THE FILIPINO REPATRIATES

Use black or blue pen only. Write clearly in BLOCK letters. Place X in all applicable boxes.

DEMOGRAPHIC PROFILE

NAME: \_\_\_\_\_ TITLES: \_\_\_\_\_  
*Last Name Given Name Middle Name*

AGE: \_\_\_\_\_ SEX: ☐ Male ☐ Female ☐ Pregnant Trimester: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CIVIL STATUS: \_\_\_\_\_ RELIGION: \_\_\_\_\_  
*MM / DD / YYYY*

HOME ADDRESS: \_\_\_\_\_  
*House No., Bldg. No., Street Name Barangay MunCity Province Region*

CONTACT DETAILS: \_\_\_\_\_  
*Home Telephone No. Mobile No.*

EMAIL ADDRESS: \_\_\_\_\_

HEALTH PROFILE

KNOWN MEDICAL CONDITION/S AND MEDICAL HISTORY:

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

CURRENT MEDICATION/S: \_\_\_\_\_ BLOOD TYPE: \_\_\_\_\_

CONTACT PERSON, IN CASE OF EMERGENCY

NAME: \_\_\_\_\_  
*Last Name Given Name Middle Name*

HOME ADDRESS: \_\_\_\_\_  
*House No., Bldg. No., Street Name Barangay MunCity Province Region*

CONTACT DETAILS: \_\_\_\_\_  
*Home Telephone No. Mobile No.*

RELATIONSHIP TO THE FILIPINO REPATRIATE: \_\_\_\_\_

FILIPINO REPATRIATE  
*Signature over Printed Name*

DATE  
*MM / DD / YYYY*

X-----X  
TRAVEL INFORMATION

ON CRUISE: ☐ Passenger ☐ Crew SHIP ROOM NO.: \_\_\_\_\_ BUS NO.: \_\_\_\_\_ BUS SEAT NO.: \_\_\_\_\_  
*Yokohama-Haneda*

FLIGHT NO.: \_\_\_\_\_ FLIGHT SEAT NO.: \_\_\_\_\_ DATE OF ARRIVAL: \_\_\_\_\_  
*Haneda - Clark MM / DD / YYYY*

BUS NO.: \_\_\_\_\_ BUS SEAT NO.: \_\_\_\_\_ TRANSPORT SERVICE NO.: \_\_\_\_\_  
*Airport-Athlete's Village If immediately referred: Airport-Health Facility*

QUARANTINE INFORMATION

BUILDING NO.: \_\_\_\_\_ FLOOR NO.: \_\_\_\_\_ ROOM NO.: \_\_\_\_\_