## Republic of the Philippines

# Department of Environment and Natural Resources

Visayas Avenue, Diliman, Quezon City, 1100
Trunkline (632) 929-6626; 929-6628; 929-6635; 929-4028; 929-3618
426-0465; 426-0001; 426-0347; 426-0480; 426-0491
Voice-Over-Internet-Protocol (VOIP) Trunkline (632) 988-3367
Website: http://www.denr.gov.ph / E-mail: Web@denrgov.ph

### **MEMORANDUM**

FOR/TO

All Undersecretaries

All Assistant Secretaries All Service Directors All Heads of Offices DENR Central Office

**FROM** 

The Undersecretary

Legal, Administration, Human Resources,

and Legislative Affairs

SUBJECT

:

GUIDELINES FOR DENR CONFIRMED COVID-19 CASES,

SUSPECTS AND CLOSE CONTACTS

**DATE** 

APR 12 2021

Pursuant to Republic Act 11332, otherwise known as the "Mandatory Reporting of Notifiable Diseases and Health Events of Public Concern Act" and DENR Memorandum Circular No. 2020-10 or "Guidelines on the Investigation of COVID-19 Cases and Contact Tracing of Close Contacts" and in line with the efforts of the Department to eliminate Coronavirus (COVID-19) in the DENR Central Office, ALL COVID-19 confirmed cases, suspects and close contacts are expected to comply with the following:

- 1. Inform immediate supervisor, DENR Contact Tracing Team (CTT) and Barangay Health and Emergency Response Team (BHERT) of the following:
  - a. Antigen Swab/RT-PCR Result; and
  - b. Exposure to a COVID-19 patient, if close contact;
- 2. Undergo self-quarantine for fourteen (14) days, subject to change as advised by BHERT and/or attending physician:
  - a. <u>For symptomatic confirmed COVID-19 patients and suspects</u>- to start on the onset of symptoms;
  - b. For asymptomatic confirmed COVID-19 patients and suspects- to start on the date of Antigen Swab/RT-PCR; and
  - c. For close contacts- to start at the last day of exposure to COVID-19 patient
- 3. Update/Contact BHERT and CTT for daily monitoring or/and check-up/instructions if symptoms develop (for asymptomatic) or worsen (for symptomatic); and

- 4. Secure a medical health certificate/clearance from respective BHERT and/or from their attending physician:
  - a. For confirmed COVID-19 case, stating that they have completed prescribed days of isolation and have recovered; and
  - b. For suspects and close contacts, stating that they have completed fourteen (14) days quarantine and are not part of the COVID-19 positive case nor a suspect being monitored by their LGU

Attached is the DENR Contact Tracing Form for your reference and perusal. You may submit the form to the DENR Contact Tracing Team through email address: <a href="mailto:denrctt@gmail.com">denrctt@gmail.com</a>.

For your information and strict compliance.

ATTY. EXCESTO D. ADOBO, JR., CESO I

**DENR CONTACT TRACING FORM**(To be filled out by COVID-19 Confirmed Cases, Suspects and Close Contacts)

Name:	
Date of Birth:	
Age:	
Permanent Address:	
Temporary Address:	
Mobile Number:	
Office/Designation:	
Name of Supervisor:	
Date of Antigen Test:	
Result:	
Date of RT-PCR:	
Result:	
Symptoms, if any:	
Close Contacts:	
Reported to BHERT:	