



January 17, 2022

MEMORANDUM

TO : ALL EMPLOYEES

FROM : OFFICE OF THE DIRECTOR

SUBJECT : ISOLATION AND QUARANTINE PERIOD FOR COVID-19

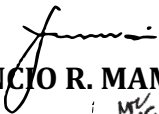
This is in line with the Memorandum from the Secretary dated January 14, 2022 re-COVID-19 Adjusted Guidelines. All BAFS personnel are hereby advised to adhere to the following COVID-19 isolation and quarantine guidelines per Memorandum of the Secretary:

- 1. CONFIRMED CASE.** Employees who tested positive through RT-PCR test, antigen test, or rapid saliva test are required to undergo 10 days of quarantine since the date of test (specimen collected) or at the onset of symptoms whichever comes first. An incident report (see Annex A) and positive swab result must be submitted to BAFS Health and Safety Protocol (HSO) indicating all details about the patient including all their close contacts;
- 2. PROBABLE CASE.** All employees experiencing any of the symptoms of COVID-19 will be considered as PROBABLE case and must quarantine immediately for 7 days (fully vaccinated) or 10 days (partially vaccinated or unvaccinated) from the onset of symptoms. An incident report must be submitted to the BAFS HSO within 24 hours indicating all details about the patient including all their close contacts;
- 3. ASYMPTOMATIC CLOSE CONTACTS.** Asymptomatic close contacts, as indicated officially in the incident report of a symptomatic (probable) or positive employee, should quarantine for 5 days (fully vaccinated) or 14 days (partially vaccinated or unvaccinated) since the exposure. If the personnel exhibited symptoms during the quarantine period, the case will be treated as probable, and the isolation period will reset as indicated in item 2.
- 4. REPORTING BACK TO WORK.** Employees coming back from quarantine must send ANY of the following documents to BAFS HSOs within 24 hours after the last day of quarantine period prior to reporting physically:
 - a. Negative RT-PCR test result;
 - b. BHERT certification;
 - c. Medical certificate from a physician; and
 - d. Sworn statement of health declaration (see Annex B) signed by the BAFS Director.



The *Annex A of the Memorandum dated January 10, 2022* on the reporting schedule of BAFS employees shall continue to be valid. Further, the isolation and quarantine period shall apply to the newly COVID-19 cases starting January 17, 2022.

Let us continue to be safe and vigilant and observe all the safety protocols that the government has issued whether at the workplace or at home.


VIVENCIO R. MAMARIL, PhD
*Mr RVC
17012022* *new* *[initials]*



ANNEX A

INCIDENT AND CONTACT TRACING REPORT

Case No. ____

I. PROFILE OF THE CONFIRMED, SUSPECT, OR PROBABLE CAUSE (select one)

Name:	
Age:	
Sex:	
Birthday:	
Complete Address (House #, Brgy, District, City)	
Contact Number:	
Office:	
Place of Assignment:	
Position	
Date of Exposure:	
Date of Testing (date of giving specimen)- for confirmed cases	
Other information:	
Fully Vaccinated? (What Brand)	

II. INCIDENT REPORT (Narrative) – *Include details on exposure, symptoms (if any) at the time of testing to the date of preparation of this report, current whereabouts of the patient, and whether or not the LGU/ Barangay Health Authorities have been informed of the patient’s condition.*

III. CLOSE CONTACTS (PERSONNEL OF DA CENTRAL/BAFS / ATTACHED AGENCIES AND CORPORATIONS)

OFFICE	NAME	AGE	SEX	CONTACT NUMBER	DATE OF LAST EXPOSURE	SYMPTOMS at the date of preparation
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BPI Compound, Visayas Avenue,
Diliman, Quezon City, Philippines
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						of this report)

Prepared by:

Health and Safety Officer
BAFS

Date Prepared

Note: Please attach copy of RT – PCR result and/or other relevant documents

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 Diliman, Quezon City, Philippines
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ANNEX B
SWORN STATEMENT OF HEALTH DECLARATION

Date: _____

STATEMENT OF HEALTH DECLARATION

I, _____ of legal age, with residence address at _____ declare the following in accordance to the prescribed guidelines of the Department of Agriculture (BAFS):

1. That I
 - tested positive of COVID-19 last _____.
 - Experience symptoms of COVID-19 since _____.
 - Was an asymptomatic close contact of a confirmed/ symptomatic case and was expose last _____.
2. That I quarantined for at least ____ days since _____.
3. That I did not feel any of the symptoms for at least 3 days prior to the end of my quarantine period

Signature over printed name of personnel

Endorsed by:

Signature over printed name of Division Chief

