PHILIPPINE DENTAL ASSOCIATION INC.
AYALA AVENUE corner KAMAGONG STREET, SAN ANTONIO VILLAGE TELEPHONE: (632) 890-4609
MAKATI CITY, METRO MANILA, PHILIPPINES 1203 (632) 897-8091
Website: www.pda.ph Email: pdaoffice1908@gmail.com FACSIMILE: (632) 899-6332

MEMORANDUM NO. 2021-003

TO : All Chapter & Affiliate Presidents

FROM : PDA COVID – 19 Committee

DATE : June 17, 2021

SUBJECT : COVID-19 Committee Updates

Greetings! Hope everything is well and good!

During the first Executive Board Meeting last June 11, 2021, the executive board in its sincere and willingness to address an immediate action to help our colleagues in this time of pandemic, any dentist contracted the COVID-19 virus shall receive assistance from the newly named PDA COVID – 19 Committee, chaired by the Past President, Dr. Stephen B. Almonte.

COMMITTEE COMPOSITION

Chairman	-	Dr. Stephen B. Almonte
Co-Chairman	-	Dr. Edith Valenzuela
Members	-	Dr. Felomina Arreza-Ayado
	-	Dr. Lucilo G. Niñal Jr.
For Research	-	Dr. Christine Valerio and Dr. Melchor Sarmiento

OBJECTIVES:

1. To continue to monitor all COVID-19 cases of all Dentists (members and non-members) all over the Philippines.
2. To report all updates to the Executive Board during board meetings.
3. To validate and facilitate monetary support to all dentists identified as positive with the amount approved by the Executive Board which is 3,000 pesos
4. To raise funds for dentists who were determined positive with Coronavirus disease.
5. To gather data from dentist contracted with Covid-19 for research study with legal consent.
6. May provide a hybrid or purely virtual counseling (mental/spiritual) to dentist

GUIDELINES:

1. For Recipients:
   a. All dentists updated or not updated with PDA are entitled to receive Php 3,000.00 as duly approved by the previous Executive Board.

2. For Chapter/Affiliate Presidents:
   a. Shall help disseminate information and gathering of documents to its members for possible use in research.

3. Requirements:
   a. Updated COVID – 19 Monitoring Form duly signed by the dentist.
   b. Photocopy of RT-PCR Test Result.
   c. Photocopy of Valid PRC ID.

FAST FORWARD PDA

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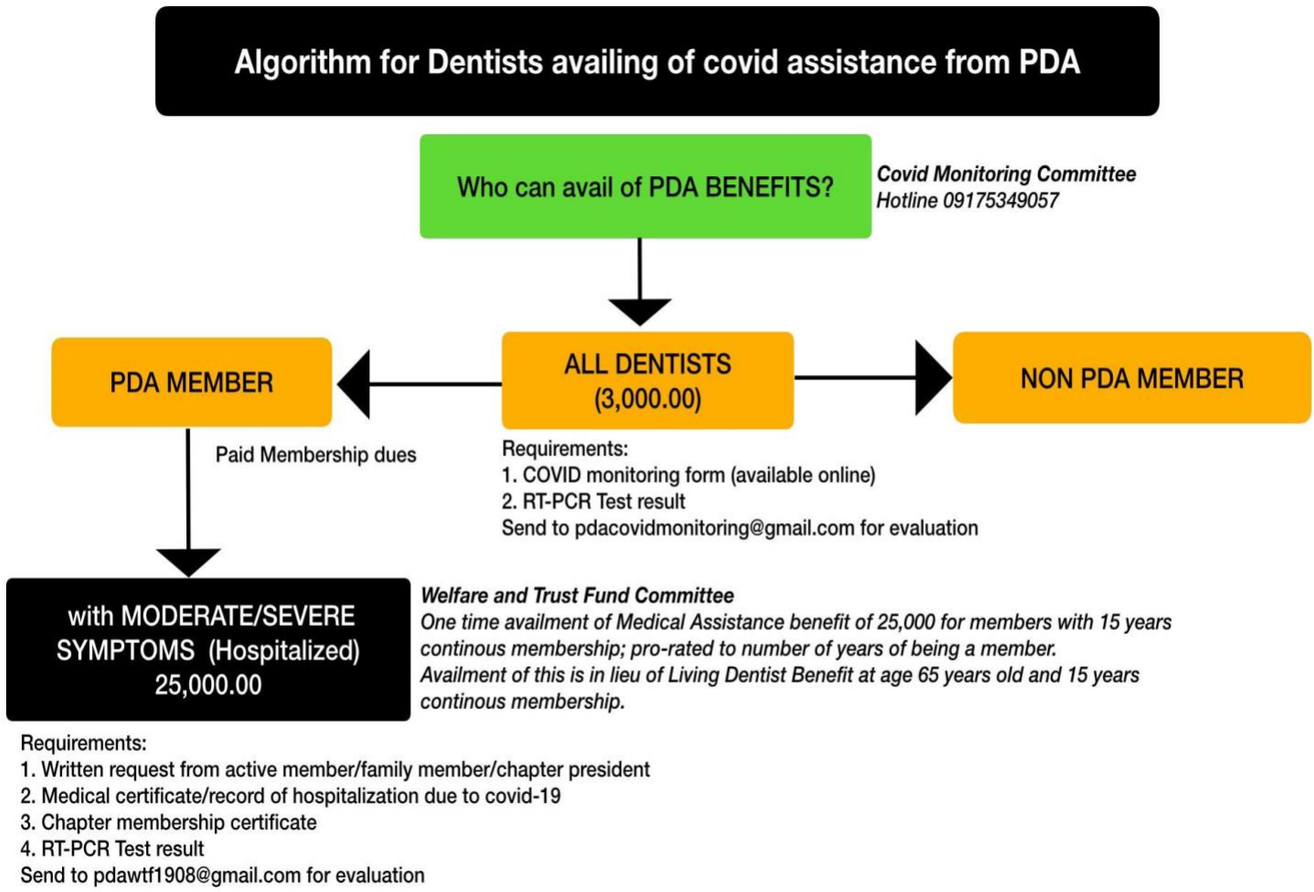

Hope this immediate action can wane current situation of our colleagues in these uncertain times and we immensely yearn for this virus to prevent its transmission and bring this to an end.

Thank you very much, keep safe and we will survive this pandemic.

Sincerely yours,

DR. STEPHEN B. ALMONTE
Chairman, PDA COVID -19 Committee

Noted by:

DR. JOSE ANGELO G. MILITANTE
President

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Philippine Dental Association Covid 19 Monitoring Form

This form is made exclusively for Dentist who have undergone a covid 19 test (Rapid Test or Swab Test) and was confirmed positive to SARS-COV 2 virus. The data to be collected shall be used strictly to help monitor the number of dentists afflicted and likewise help the association create policies and recommendations to the government in the interest of public health.
We are hoping for your full cooperation to answer the questions as truthful and complete as you can. Rest assured that we would treat the data with strict confidentiality.

A : Patient Information

Name of Patient: _____
Birth Date:_____Sex: _____Status: _____
HomeAddress:_____ClinicAddress:_____
Contact Number:_____Email Address: _____
Bank Acct. Name (preferably dentist acct.): _____Bank Name/Acct. No: _____
HMO: _____ Expiration Date: _____
PRC Number: _____Chapter Affiliation: _____

B: Covid Tracing

Type of Test:
_____RT-PCR Swab Test _____ RT-PCR Saliva Test

Date of Test: _____ Name of Laboratory _____

History of Exposure:	Dental Clinic	Hospital	Household
	_____Patient	_____ as in-patient	_____Husband/Wife
	_____Assistant/Secretary	_____ as out-patient	_____Children
	_____ Associate Dentist		_____Household Help

Other Sources_____
Blood Type _____ Blood Pressure _____

Symptoms Experienced: Asymptomatic _____ Mild _____ Moderate _____ Severe_____

Symptoms:

_____ headache	_____ cough	_____ colds	_____difficulty of breathing
_____ fever/chill	_____ loss of smell	_____ sore throat	_____nausea or vomiting
_____ chest pain	_____ loss of appetite	_____ fatigue	_____high blood pressure
_____ confusion	_____ muscle pain	_____ diarrhea	_____low blood pressure

Other symptoms: _____

C: Past Medical History

1. Have you or any members of your household travelled to any areas with known cases of COVID 19? (state the exact location) _____
2. Any other member of your household who tested COVID 19 positive? _____
3. Have you been tested COVID 19 positive before? _____
4. Are you under medical treatment now? If so, what is the condition being treated?
   _____
5. Have you ever been hospitalized? If so, when and why?

   _____
6. Have you ever had serious illness or surgical operation? If so, what illness or operation?

   _____
7. Are you taking any prescription/non-prescription medication? If so, please specify.

   _____

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8. Have you been vaccinated? 1st Dose _____ 2nd Dose _____

9. Do you have or have you had any of the following? Check which apply

_____stroke	_____diabetes	_____chest pain	_____tuberculosis
_____asthma	_____heart attack	_____heart surgery	_____Thyroid problem
_____angina	_____anemia	_____cancer/tumor	_____Emphysema
_____kidney disease	_____heart disease	_____ heart murmur	_____hepa/liver disease
_____epilepsy	_____AIDS/HIV infection	_____STD	_____Ulcer
_____fainting seizure	_____rapid weight loss	_____radiation therapy	_____joint replacement/implant
_____rheumatic fever	_____hay fever/allergies	_____respiratory problem	_____hepatitis/jaundice
_____swollen ankles	_____blood disease	_____heart injuries	_____bleeding problem
_____arthritis/rheumatism			

Other symptoms: _____

For Women only:
Are you pregnant? _____ Are you nursing? _____

Any other information you wish to reveal that would help us in our data gathering?
_____

_____ _____
(printed name & signature of patient) (printed name & signature of authorized representative

Kindly forward this document along with an attached photocopy of the 1. covid 19 test result/s, 2. photocopy of PRC ID to this email address pdacovidmonitoring@gmail.com or get in touch with the committee through mobile number 09175349057. (Please be informed that availment of the covid assistance fund from the PDA requires full disclosure of this document and upon the assessment of the committee)

_____, 20____
(dated)

CONSENT FORM:

I confirm that I have read and understand the PDA COVID 19 monitoring form.

I am TRUTHFULLY answering the questionnaire and upon submitting this form I am giving consent to the PDA COVID 19 monitoring committee to access my records/information that may be relevant for statistics and/or research to improve the welfare of all dentists and uplift the practice of dentistry.

I also understand that my personal information will remain confidential. Any questions regarding this consent can be addressed to me through my email address or mobile number.

Sincerely,

_____
(Dentist Name and Signature)