





PHILIPPINE PORTS AUTHORITY
PMO MISAMIS ORIENTAL/CAGAYAN DE ORO
PMO Admin Bldg. 2, Gate 5, Agora Road, Puntod, Cagayan de Oro City

PORT ADVISORY/BULLETIN/ANNOUNCEMENT
PABA No. PPD 028-2020

DATE: 16 May 2020	No. of pages including this page: One (1) page
TO: PPA Employees Terminal Management Offices CHO Employees Shipping Lines/Ship Agents Shippers/Consignees Port WorkerS Other Port Stakeholders All Others Concerned <i>This PMO</i>	Emails:
FROM: The Port Police Division Manager	Email: bagartalia@ppa.com.ph PPD Email: moc_ppd@ppa.com.ph PMO Fax: (088) 856-4667
Cc:	
SUBJECT: ADOPTION OF THE NEW FORMAT OF PPA ENTRY PROTOCOL FORMS	
<i>ATTENTION: If you have received this communication with missing, incomplete, garbled or unreadable pages, please notify us at once through Tel.(088)856-1264; Fax(088) 856-4667; Email Address:ppapmocdo@ppa.com.ph or moc_ppd@ppa.com.ph</i>	
MESSAGE: In line with the PMO's implementation of PPA Entry Protocol procedure to all pedestrians entering the ports' access points pursuant to PMO-MOC PABA No. PPD 021-2020 and in compliance to the unnumbered Memorandum from The Special Assistant to the Corporate Head of PPA - Head Office with regard to the new prescribed format of the Entry Protocol forms, please be respectfully informed that the format/template of such protocol form has been revised (<i>herein attached</i>). In view hereof, security personnel who are tasked for the implementation and collection of the aforesaid forms shall adopt this new prescribed format as directed effective immediately. Further, Administrative Division of this PMO is enjoined for the reproduction of these forms to ensure uninterrupted implementation of such health protocol. All other provisions cited on PMO-MOC PABA No. PPD 021-2020 shall remain in effect unless sooner revised or amended by this Office and/or concerned Department. For your information, guidance and appropriate action.  PPSUPT BERNARDO A GARTALIA  Encl: A/S	
<i>(Note: This communication has also digitally scanned and transmitted to your official email addresses. Please be advise this Office of any changes in said addresses, or of alternative addresses. Email Adresses of port users and stakeholders</i>	



PPA Entry Protocol

DATE: _____
TIME: _____

NAME: _____

CONTACT NO.: _____

AGENCY: _____

RESIDENCE: _____

BODY TEMPERATURE UPON ENTRY: _____

PUT A MARK IF YOU HAVE THE FOLLOWING SYMPTOMS:

COUGH FEVER MUSCLE PAIN SORE THROAT
 SHORTNESS OF BREATH CHILLS HEADACHE LOSS OF TASTE/SMELL

TRAVEL ABROAD IN THE PAST 14 DAYS YES NO
TRAVEL OUTSIDE METRO MANILA IN THE PAST 14 DAYS YES NO

(Consent is hereby given by the undersigned subject to the provisions of RA10173 of the Data Privacy Act)

SIGNATURE



PPA Entry Protocol

DATE: _____
TIME: _____

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