

**Guidelines During the Submission and Opening of Bids**

1. Only two (2) authorized representatives per bidder shall be allowed to attend the bid opening and must present an authorization letter approved by the duly authorized officer of the company or the bidder being represented.
2. Bidders are required to fill-out and sign health declaration and contact tracing forms during bid submission. ***(See forms below)***
3. Bidders are required to wear Personal Protective Equipment (PPE) such as face mask and face shield and must observe social distancing practices.



**Republic of the Philippines**  
**Department of Education**  
**Procurement Management Service**  
**BAC Secretariat Division**

**COVID-19 HEALTH DECLARATION**

Relative to the Coronavirus Disease 2019 (COVID-19) situation, Presidential Proclamation No. 929 was released on March 16, 2020 declaring a State of Calamity throughout the Philippines. In line with the Department of Education, Procurement Management Service's Guidelines on Safety Protocols in the conduct of procurement activities, and {Name of Bidder}

commitment to ensure the safety of all our employees, workers, and individuals, we need to ask you to truthfully answer the following questions. Depending on your responses, we reserve our right to restrict your presence in the location for the conduct of our procurement activities.

Your responses to these questions will only be used for the purpose of:

\_\_\_\_\_  
 (Project Title)

**PRIVACY NOTE:** Declarations will be stored safely by DepEd and not shared with third parties, except if requested by the Department of Health or other related agencies.

Name/s: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Email: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

1. Have you or anyone you immediately know had a confirmed case of COVID-19? YES/NO  
 If YES please elaborate, including detailed information around names, dates and level of contact \_\_\_\_\_

2. Have you or anyone you immediately know travelled nationally or internationally in the last month (30 days)? YES/NO  
 If YES please elaborate and list travel areas/Countries \_\_\_\_\_

3. Have you been to a country or area of concern for COVID-19 in 2020? YES/NO  
 If YES please elaborate \_\_\_\_\_

4. Do you or anyone you know currently have any of the symptoms associated with COVID-19 or similar? YES/NO  
 If YES please elaborate \_\_\_\_\_

5. Have you been tested for the COVID-19 virus? YES/NO  
 If YES please elaborate including detailed information around dates \_\_\_\_\_

6. Have you worked with/on or within other projects/productions in the last 20 days? YES/NO  
 If YES please elaborate & list, including location of work \_\_\_\_\_

7. By signing this document I declare all of the above to be true and correct at the time of signing, and that I do not currently have any of the symptoms associated with the COVID-19 or similar.

I agree to comply with all reasonable requests and measure to ensure I do my part to keep the workplace COVID free.

Please note that if you develop or exhibit any symptoms after signing this document, but prior to or during your attendance to the conduct of any procurement activities, you are required to bring those to the immediate attention of the Health & Safety officer, if any, and to the BAC Secretariat Division.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Republic of the Philippines  
Department of Education  
Procurement Management Service  
*BAC Secretariat Division*

## CONTACT TRACING FORM

**Full Name:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Present Address:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_