Medical Self – Declaration

We are concerned about your health, safety and hygiene. In the interest of your wellbeing and that of every one at the School. You are requested to declare if you have any of the below listed symptoms by writing "Yes - You Have" or "No – You have not".

1. Have you tested positive for Covid - 19?   Yes ☐   No ☐

2. Have you shown any of the following symptoms described below? Have you cared for someone with these symptoms?

Cough ☐   Fever ☐

Cold / Runny Nose ☐   Breathing Problem ☐

I am hereby certifying that I have not tested Positive for the Corona Virus nor have been identified as a potential carrier of the Covid – 19 virus.

Student's Name: ………………………………………………   Class & Sec: ……………….

Father/Mother/Guardian: ……………………………………………. Signature: ………………….

Date: ………………………….   Mobile No: 1. ………………………………. 2. ………………………….