

**Health Declaration Form**

I, Mr/ Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ S/O D/O. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CNIC/ NICOP/ POC No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is returning to rejoin the COMSATS University Islamabad, Wah Campus at my own will after lock down due to COVID-19, do hereby solemnly affirms, declares and undertake:

1. That I travelled to countries (a) \_\_\_\_\_\_\_\_\_\_, (b) \_\_\_\_\_\_\_\_\_\_, (c) \_\_\_\_\_\_\_\_\_\_during the last 14 days.
2. That my health status is as follows (Encircle the relevant one):
   1. Fever YES NO
   2. Cough YES NO
   3. Difficulty in Breathing YES NO
3. That I have not been in contact with any COVID-19 patient during the past 14 days.
4. That I am willing to follow all safety measures adopted at the university campus and their provided facilities like hostels, transport, etc. for the anti-COVID-19/coronavirus.
5. That I am willing to undergo all processes applicable for COVID-19/Coronavirus testing as and when suggested by the government of Pakistan and the University officials.
6. That I am willing to remain in quarantine or self-quarantine for 14 days if advised by the campus Medical officer or any public health officer.
7. I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform concerned Health authorities through Helpline 1166 or any other contact number provided by the university regarding any changes therein, immediately.

(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

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