

SELF - DECLARATION FORM FOR EMPLOYEE

Date: _____

Name _____

Employee ID: _____

1.	Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 15 days?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.	Have you had any of the following symptoms in the past 15 days? Cough, Cold, Fever, Heavy breathing problem, any symptoms related to Corona Virus.	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.	Is any of your family member suffering from following symptoms from last 15 days? Cough, Cold, Fever, Heavy breathing problem, any symptoms related to Corona Virus.	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.	Do you reside in any hot spot or containment area declared by authority OR have you visited any such area in last 15 days?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5.	Have you been issued a Quarantine Notice by Govt. Authorities? If Yes, date from _____ to _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
6.	Are you above the age 65 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7.	Are you a person with co-morbidities?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8.	You have self-assessed yourself on 'Aarogya Setu' app and your status is either 'Safe' or 'Low Risk'	<input type="checkbox"/> YES <input type="checkbox"/> NO

I hereby declare that; the above stated information is true to the best of my knowledge. If any of above information given by me found false, company management is at liberty to take strict disciplinary action against me.

In case if I am unhealthy or notice any symptoms related to Corona Virus disease or my status on 'Aarogya Setu' changes to 'Moderate' or 'High Risk' after resuming duties I would immediately inform to my superior / HRA dept.

Signature of the Employee

If the answer is "yes" to any of the questions except question 8, inform HRA immediately.