

SELF - DECLARATION FORM FOR VISITOR

Date: _____

Name _____

Contact Number: _____

Company Name: _____

To meet: _____

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 have been explained about COVID-19 safety protocol that I need to follow while I am in the company premises, I have understood the same and hereby agree to abide by them.

I hereby declare that the above stated information by me is true, correct, and complete in all respect.

Signature of Visitor: _____

Date: _____

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To be filled by Security Personnel

Gate Pass No: _____

Temperature Recorded: _____

If any answer is "yes" to any questions from 2 to 7 OR "no" to question 8 OR temp is more than 37.5°C / 99.5°F, inform HRA immediately.