

Name:

Present Residential Address (including ward number):

Mobile phone:

Home phone:

E-mail :

Address type: House Flat

Family Type: Nuclear family Joint family Extended family Others

Tick if you have a history of during last 14 days (tick as many as apply)

- Contact with known covid19 positive person
- Overseas travel / interstate travel / Contact with anyone returned from overseas/ outside kerala
- Travel to any of these states or areas
Delhi,Bhilwara,Mumbai,Pune,Ahmedabad,Kasaragod,Pathanamthitta, Noida,
Maharashtra, Tamilnadu, Rajasthan,Gujarat, Madhya Pradesh
- Any family member returned from overseas
- Symptoms of covid19
- Travel to or from covid19 hotspots

If yes, give details:

[Furnishing false information or withholding vital information is an offence and will be dealt with accordingly]

History of travel outside Kerala? Yes No

If yes

Country:

State:

City / region:

Date of travel:

Details of return journey to Kerala:

Arrival date:

Do you have any of these.....? (Tick as many as apply)

Arthralgia

Cough

Conjunctivitis Diarrhea

Fatigue

Fever Chills or rigors Headache

Malaise

Myalgia

Nausea

Pneumonia

Pneumonitis

Rhinorrhea

Shortness of breath

Sore throat

Vomiting

Other symptoms?

If yes, specify symptoms:

Any immune compromised conditions? Yes No

Are you pregnant? Yes No

If yes, number of weeks gestation: (weeks)

Are you a breastfeeding mother? Yes No

If yes, age of child in months: (months)

Did you visit any of the following venues or locations during last 14 days? Y N

Doctor's rooms/ clinic / hospitals / Schools /colleges/ universities / Transport (plane / train / bus / ship) / concert venue /movie theatre / conference / other public venue / gathering / public functions

If yes, give details:

[Furnishing false information or withholding vital information is an offence and will be dealt with accordingly]

Name & Signature

Date:

AFFIDAVIT

I is a hostel inmate /day scholar resident of and son/daughter ofI hereby declare that I have gone through the new COVID related campus/hostel guidelines and new guidelines related to reopening of colleges of KUHS, Govt of Kerala and College and agree to abide by it completely and responsibly.

Signature of the parent

Signature of the student

Residential address with phone number