

Health Declaration Form

(Under the Quarantine Act)

Name of the Programme -

Type of the Exam - **Selection Test** **CAT** **Final Exam**

1. Name with Initials -

2. Student Registration Number -

3. NIC No. -

4. Address -

5. Phone Number -

6. Did you have any close association with a Covid 19 patient or a foreigner?
 Yes No

7. Do you currently have symptoms such as fever, sore throat, cough and
body pain? - Yes No

8. Are you living in an isolated/Lockdown area? - Yes No

.....
Date

.....
Signature

For Office Use Only

1. Temperature - Normal
 High

.....
Date

.....
Signature of the Security Officer