

Self Declaration:

In view of the increased incidence of the Corona Virus, we request you to please fill in this form to help us ensure the safety of all in these premises.

Name:

Mobile No:

Email Address:

I am (Please tick whatever is applicable)

- (a) An Employee
- (b) Parent
- (c) Vendor
- (d) Visitor

1. Have you, in the past 14 days, travelled to China, South Korea, Italy, Thailand, Japan, Singapore, Iran, Hong Kong, Macau, Taiwan, Vietnam or Malaysia (or any country that has had an incidence of the Coronavirus)? Yes/ No
2. Do you have flu-like symptoms (cold, cough etc)? Yes/ No
3. Did you, in the past 14 days, come in close contact with someone who
 - (i) Is a confirmed COVID-19 case; OR
 - (ii) Is part of a COVID-19 cluster; OR
 - (iii) has travelled to the countries where COVID-19 has had reported incidences of fatality.Yes/ No

(Signature)