

## Health Declaration

I, Mr./Ms. \_\_\_\_\_ S/D/o \_\_\_\_\_ Student ID No. \_\_\_\_\_

Program \_\_\_\_\_ Department \_\_\_\_\_ Campus \_\_\_\_\_

CNIC No. \_\_\_\_\_ Address \_\_\_\_\_

do hereby solemnly affirm, declare and undertake that:

1. My current health status is as follows (Encircle the relevant one):

i	Fever	YES	NO
ii	Cough	YES	NO
iii	Difficulty in Breathing	YES	NO

- 2) I bind myself to follow all safety protocols adopted at the Isra University Hyderabad/ Campus for anti-COVID-19/ coronavirus.
- 3) I am willing to undergo all processes applicable for COVID-19/ Coronavirus testing whenever asked by the Designated Authorities of Isra University Hyderabad/ Campus.
- 4) Check (v) that applies to you.
- a) To the best of knowledge, neither I, nor any member of my household have any symptoms of COVID-19, or
- b) I or my family members contracted COVID-19, but have fully recovered and have tested negative for COVID-19 infection.
- 5) I am willing to comply with all anti-COVID-19/ Corona virus precautionary measures/ instructions laid down by the University.
- 6) I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief, and I also undertake to inform immediately the concerned designated authorities of Isra University Hyderabad/ Campus regarding any changes in my health condition. In case any of the above information is false or untrue or misleading or misrepresenting, I am aware that I may be held liable under all applicable regulations of the University.

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Signature of Parent/ Guardian**

**Date:** \_\_\_\_\_