

# Health Declaration Form

I, Mr/Ms \_\_\_\_\_ S/o, D/o \_\_\_\_\_,

Registration Number \_\_\_\_\_ hereby declare that:

- I have not been confirmed or suspected of COVID-19 infection by any medical institution in past 14 days.
- I do not have, and have not had for 14 days, any symptoms relating to COVID19, including fever, cough, breathing difficulty or change to sense of smell or taste.
- I have not been in contact with any person who is a confirmed case of COVID-19 in the past 14 days.
- In the event that should I have any contact with a known case of COVID19 or begin to experience cough, fever or shortness of breath, I will notify to the authorities.
- I will follow all public measures for the prevention of COVID19 at campus and hostel as per the guidelines provided by Govt. of Pakistan and notified by HEC.

I certify that the details in this declaration are correct to the best of my knowledge.

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Signature of the Student

Date: