

SELF – DECLARATION ASSESSMENT PROFORMA (COVID)

1. I state and declare the following to my best of knowledge and belief that: -

Roll No :			
Name :			
Trade/ Stream :			
DOB :			
Sex & Age (in Yrs)			
Mobile No. (i)		(ii)	
Name of District / State from where travelled :			
Mode of Travel: Air/Train/Road :			
COVID-19 Vaccination	1st Dose	2nd Dose	Precautionary Dose
Name/Brand of Vaccination			
Date of Vaccination			
Place of Vaccination			
ILI Symptoms, if any	Fever/ Cold/ Cough/ Throat pain etc.		
Details of Contacts, if any			

2. I declare that I have not suffered from any ILI during last 2 weeks. The following member (s) of my family has/ have suffered from Influenza like Illness (ILI) during past two (02) weeks.

Details of family members suffered from ILI:

.....Date of onset:

..... Condition while my departure:

(Strike out or mention N/A as applicable)

3. Further, I declare that the above declaration is true to the best of my knowledge and belief.

Place:

Date:

Time:

Signature of Individual

Note: Attach copy of COVID vaccination certificate generated through “Aarogya Setu” / “Cowin App”

SIGNATURE OF PARENT/ LEGAL GUARDIAN
(IF LESS THAN 18 YEARS OF AGE)

Signature of Parent / Guardian

COUNTER SIGNATURE

MO/SMO