



COVID-19 Self-Declaration Form for Student/Visitor

The following declaration is given by me as a bonafide Student/Visitor, who is visiting National Institute of Design, Madhya Pradesh campus.

Full Name:	
Contact No.	
Residential Address:	
Purpose of visit	

1. Covid-19 status(Please tick as applicable): Positive / Negative
2. Have you got vaccinated/partially vaccinated?(Please tick as applicable) Yes/ No
3. Do you have any of the following flu like symptoms: (Please tick as applicable)

Fever (38° C or higher i.e. 98.4° F or higher)	Yes	No
Cough and Cold	Yes	No
Breathlessness	Yes	No
Sore throat	Yes	No
Others: Please specify	Yes	No

4. Please list the places you have travelled to in the last 30 days (If any).

Name of Place/City.			
Date of Arrival:			
Date of Departure:			

5. Have you or an immediate family member come in contact with a confirmed case of the coronavirus in the last 14 days? If yes, provide details:

6. Have you or any of your family member have been tested positive of coronavirus in the last 14 days? If yes, provide details:

7. I confirm/certify that I am experiencing two or more of the following symptoms(Please tick against applicable):

- chills
- barking cough, making a squeaky or whistling noise when breathing (croup)
- shortness of breath (out of breath, unable to breathe deeply)
- sore throat
- difficulty in swallowing
- hoarse voice (more rough or harsh than normal)
- runny nose
- stuffy or congested nose
- lost sense of taste or smell
- headache
- digestive issues (nausea/vomiting/diarrhea/stomach pain)
- fatigue (lack of energy/extreme tiredness)
- falling down more than usual

If NOT confirming the above please tick (X) in the box.

NOTE:

The Student/Visitor must submit this dully filled declaration at the time of visiting the Institute, without the submission of this form one will not be permitted to enter the Institute premises.

Date

Name & Signature of the Student/Visitor