JGi JAIN DEEMED-TO-BE UNIVERSITY

COVID-19: SELF-DECLARATION HEALTH-FORM

Name: _____

You Are:

Student ☐

Faculty/Staff ☐

Visitor ☐

Parents ☐

School / Center: _____

Department:_____

USN / EID Number: _____

Travel History: _____

_____

Have you been screened at the airport/point of entry: Yes ☐ No ☐

Have you been declared infection-free? Yes ☐ No ☐

If No, have you reported to the nearest health center? _____

Name of the Health Center _____