

COVID 19: Self Declaration by Participant/Resource person

Date :

Time:

Name :

Coming From:

Participants are reminded that if any of the following criteria are not applicable for them, they should immediately notify the organisers of the same;

I hereby declare that

1. I do not have any illness at present.
2. I am not having any of the following symptoms of fever, cough, loss of smell, loss of taste, body ache, headache, shortness of breath, sore throat, running nose and tiredness
3. I also have not had any of the above symptoms within the past 15 days
4. Nobody in my household has been quarantined or identified as a Covid 19 confirmed or suspected case within the past 15 days
5. As per my knowledge I have not been exposed to any one who has been quarantined or identified as a Covid 19 confirmed or suspected case within the past 15 days

During the course of this event, I agree to:

- Maintain the mandatory physical distancing of 6 feet/2 meters
- Wear a protective mask
- Wash or sanitize my hands frequently or as and when necessary
- Follow any other rule and regulations laid down by the organisers

I acknowledge and confirm that all the above given information is true to the best of my knowledge and agree to report to the organisers any change in the status

Signature _____