

JSS Mahavidyapeetha

Dr Shivarathri Rajendra Circle, Mysuru 570004.

Student / Staff Name:

Institution:

Designation:

Student/Staff No:

Department / Course :

Email:

Mobile no:

Please answer the following questions carefully.

1. Have you undertaken any recent travel abroad / other states / other districts / cities ? If yes provide details
2. Whether there was any quarantine / isolation imposed due to COVID outbreak in the places where you had travelled?
3. Is there any recent travel history of your family members/friends to COVID 19 sensitive areas with whom you have had proximity ?
4. Were any of your family members/friends/colleagues affected by COVID?
5. Your last hospitalization details, for the last three months if any?.
6. Are you presently having symptoms that are typical of Covid 19 Infection such as fever, cough, cold, body pains etc?
7. Were you in personal contact with a suspected or confirmed case of Covid-19?
8. Did you / close family member participate in any meeting/ gathering where more than 15 people attended in the past two weeks?
9. Are you suffering from any other illness and if yes please provide the details?

Date:

Staff / Student / Name & Signature