

**Please submit the hard copy of the following two documents, duly filled and signed in your respective DOO Offices along with your and your father's CNIC.**



## **Health Declaration Form**

I, Mr/ Ms \_\_\_\_\_ S/O D/O. \_\_\_\_\_

CNIC/ NICOP/ POC No. \_\_\_\_\_

Resident of \_\_\_\_\_ Mobile Phone No \_\_\_\_\_ is returning to regular physical classes at the COMSATS University Islamabad, Abbottabad Campus at my own will after lockdown due to COVID-19, do hereby solemnly affirm, declare, and undertake:

1. That I travelled to countries (a) \_\_\_\_\_, (b) \_\_\_\_\_, (c) \_\_\_\_\_ during the last 14 days.
2. That my health status is as follows (Encircle the relevant one):

a. Fever	YES	NO
b. Cough	YES	NO
c. Difficulty in Breathing	YES	NO
3. That I have not been in contact with any COVID-19 patient during the past 14 days.
4. That I am willing to follow all the safety measures adopted at the university campus and their provided facilities like hostels, transport, etc. against COVID-19/coronavirus.
5. That I am willing to undergo all processes applicable for COVID-19/Coronavirus testing as and when suggested by the government of Pakistan and the University officials.
6. That I am willing to remain in quarantine or self-quarantine for 14 days if advised by the campus Medical officer or any public health officer.
7. I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform concerned Health authorities through Helpline 1166 or any other contact number provided by the university regarding any changes therein, immediately.

Name & Signature ( \_\_\_\_\_ )

Date: \_\_\_\_\_

## Specimen of Affidavit

I \_\_\_\_\_ son/daughter of \_\_\_\_\_,  
Registration Number \_\_\_\_\_ resident of \_\_\_\_\_  
\_\_\_\_\_ is returning to regular classes at the COMSATS University  
Islamabad, Abbottabad Campus at my own will after lockdown due to COVID-19.

I also solemnly affirm and declare that:

1. I will hereby adhere to all safety protocols and other instructions issued by the university in this regard.
2. I will not hold the university liable if I contract the virus despite the safety protocols.

Student Name \_\_\_\_\_ Signature \_\_\_\_\_

CNIC/B Form No. \_\_\_\_\_ Date \_\_\_\_\_

Mobile Number \_\_\_\_\_

Parent's / Guardian's Name \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_

Parent's / Guardian's CNIC # \_\_\_\_\_

Mobile Number \_\_\_\_\_

Attach copies of CNICs