



**MANDATORY CONSENT OF STUDENT AND PARENT**

Students should give the self declaration form and detailed history as mentioned below.

Name :  
ID No :  
Year/Branch :  
Age :  
Gender :  
Address :  
Phone number :  
Mode of transport :  
Place from which you are coming :

**Medical History**

- A. History of **covid-19 positive of the student/ any family member-** **YES / NO**
- B. History of **exposure to any positive patient / symptomatic person** in the last 7days- **YES/NO**
- C. **Travelled to high risk zone** in past 14 days- **YES/NO**
- D. **Please mark if present** (fever/Sore throat/**Nasal Discharge**/chest pain/**cold/cough**/shortness of breath/**loose stools**/vomiting/**body pains**/general weakness and lethargy).
- E. **Residence in a containment zone** or high risk place- **YES/NO**
- F. **Any pre-existing medical conditions- please mark if present** (chronic lung disease/ **heart disease**/ Hypertension/ **Diabetes**/ Renal disease/**Immuno-compromised state** / Liver disease/ **pregnancy**/ member of High risk population).
- G. Are you installed **Arogyasetu App** in your mobile phones ? **YES/NO**

**Parent's consent and Self declaration:**

I know the ICMR guidelines for Covid-19 including Covering of nose and mouth with mask at all times, maintaining proper hand and Face hygiene, Avoid touching Face as much as possible, wearing protective Face shield or Goggles while talking to anyone ,Frequent usage of Hand sanitizer with min 66%alcohol or frequent washing of hands with any soap based solution or soap , Maintaining social distance of 6ft with any other individual at all times, Following cough and sneeze Etiquette at all times.

I, Mr/Ms/Mrs. \_\_\_\_\_ of class \_\_\_\_\_ have come to campus to attend on-campus classes at my own Risk and I am solely Responsible for Any kind of Health Issue/hazard , which might Incur during the travel to University, stay at University and My travel from University to Home.

**Student Signature and date:**

I, Mr/Ms/Mrs \_\_\_\_\_ the parent of student \_\_\_\_\_ of class \_\_\_\_\_ agree to send our child for the on-campus classes and examinations at our own risk and we alone are responsible for the safety of our child.

**Parent signature and date:**