

HEALTH DECLARATION FORM

Faculty of Applied Sciences, Wayamba University of Sri Lanka

All the students of the Faculty of Applied Sciences are required to complete and submit the Health Declaration Form to the Senior Assistant Registrar/ Faculty of Applied Sciences on arrival at the University.

Part 1

1. Have you been diagnosed with COVID-19 or been in close personal contact with someone with a confirmed diagnosis? Yes No
2. Have you been under home or institutional quarantine? (if you have been on self-isolation, please ignore it when answering) Yes No
3. Have you had any flu-like symptoms in the last fourteen days, including fever, chills, a cough, sore throat, or shortness of breath? Yes No

Part 2

I hereby confirm that I agree to follow all the applicable Health Regulations and Guidelines for prevention of Covid-19 in order to protect myself and also to protect others. I certify that above information are accurate to the best of my knowledge. (Please note that any false declaration made by the student will be considered as violation of university/examination regulations and the student may be subjected to disciplinary inquiry)

Name:

Registration Number:

Mobile Telephone no:

Signature: Date:

Part 3

(To be filled by the **Public Health Inspector**)

I certify that the above named student is known to me and has been / not been diagnosed as a Covid-19 patient / contact person of a Covid-19 patient. Also, he / she has been / not been on home / institutional quarantine within the last 14 days.

Signature and Official Seal of the Public Health Inspector:

Date: