



## Students Campus Visit – Disclosure Form

<b>Date</b>	
<b>Name</b>	
<b>Academic Number</b>	
<b>Year/Level</b>	
<b>Program</b>	
<b>Purpose of Attendance</b>	
<input type="checkbox"/> Examination <input type="checkbox"/> Skill Laboratory Session <input type="checkbox"/> Practical Session <input type="checkbox"/> Clinical Session <input type="checkbox"/> Other Specify: _____	
<b>Health Status Information</b>	
<b>1. Did you have any of these symptoms in previous 14 days:</b> High Temperature, Cough, Chest Pain, Difficulty in Breathing, Sore throat, Loss of taste and smell sensation, Fatigue or joint pain, skin rashes, change in the color of fingers/toes? <i>If yes, Make a circle on the symptom.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2. Do you suffer from any of the following conditions or symptoms:</b> Chronic lung disease or severe asthma, chronic heart disease, Hereditary immunodeficiency, HIV, Obesity (Body mass index > 40), Hyperglycemia, High blood pressure, Kidney failure, Liver cirrhosis? <i>If yes, Make a circle on the condition/symptom.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3. Have you been in direct contact with someone diagnosed with COVID-19 within the last four days?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4. If your answer is YES to Question No. 3; do you have any symptoms?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5. Have you done a PCR test for coronavirus within last 48 hours?</b> <i>If Yes, What was the result?</i> <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> In Progress	<input type="checkbox"/> Yes <input type="checkbox"/> No

- I, with this declare that the details furnished above are true and correct to the best of my knowledge. **If it turns out otherwise, I will be subject to a penalty, which may lead to my suspension from studying for a semester or an academic year.**

-I will abide by the college safety regulations by wearing the mask, observing social distancing, avoid gathering in hallway and follow hand hygiene.

**Signature of Student:** \_\_\_\_\_

