

# HEALTH SCREENING FORM

Dear Parents/Guardians,

To prevent the spread of COVID-19 in our community and reduce the risk of exposure to students and our staff, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in our school. Thank you for your time.

Please answer all questions.

1. Parent/Guardian full name & IC No

2. Centre's name:

3. Do you or any of your family members experience any of the following symptom(s)? Please tick the relevant box(es)

Fever		Body aches	
Sore throat		Tiredness	
Dry cough		Headaches	
Runny nose		Shortness of breath	

4. Have you been in contact with a confirmed COVID-19 patient for the past 14 days? If yes, please provide details.

  


5. Have you been travelling to affected countries for the past 14 days? If yes, please indicate name of the country.

6. Have you been travelling outstation for the past 14 days? If yes, please indicate the state and city.

### **DISCLAIMER**

I acknowledge that information provided is true, accurate and complete to the best of my knowledge. I have been given an opportunity to make any corrections or additions to this Health Declaration Form.

I understand that the Management of the School has taken all preventive measures to follow the Standard Operating Procedure provided by the Health Ministry to prevent the spread of the COVID-19 virus. I allow the Management of the School to practice safety measures in ensuring that the school environment adopts to this new standard operating procedure. I assume the unavoidable risk inherent in sending my child to school during this period.

Therefore, I hereby agree to indemnify the Management of the School against any summons, claims, proceedings, demands, expenses, liabilities and damages which may be brought or made against the Management of the School as a result of my act or omission for not complying with the Health Ministry Standard Operating Procedure or safety measures in the school.

I hereby confirm that the above information is accurate and truthful. (Please state your full name, Contact Detail - telephone & email)

Signature: .....

Full name: .....

Contact No. : .....

Email : .....

Date: .....