



SRI VENKATESWARA UNIVERSITY UG FINAL YEAR EXAMINATIONS

Student Self-Declaration Form Regarding COVID-19

For the health and safety of our community, declaration of illness is required. Be sure that the information you'll give is accurate and complete, Please get immediate medical attention if you have any of the COVID-19 signs.

Name (With Surname) : Chiranjeevi Machha

Hall Ticket no. : 0318002348

Exam Date : undefined

Have you travelled abroad during 2020? (Yes/No) -

If Any, Name of the area(s) visited :

Dates of travel :

Have you been in contact with people being infected, suspected or diagnosed with COVID-19?
(Yes/No) -

If any, Your relationship with the people and your last contact date with them

Please state whether you've experienced/are experiencing the following

	Yes	No
Fever	<input type="radio"/>	<input type="radio"/>
Cough	<input type="radio"/>	<input type="radio"/>
Shortness of Breath	<input type="radio"/>	<input type="radio"/>
Persistent Pain in the Chest	<input type="radio"/>	<input type="radio"/>
Illness feeling	<input type="radio"/>	<input type="radio"/>

I acknowledge that the information I've given is accurate and complete.

Date:

Name & Signature