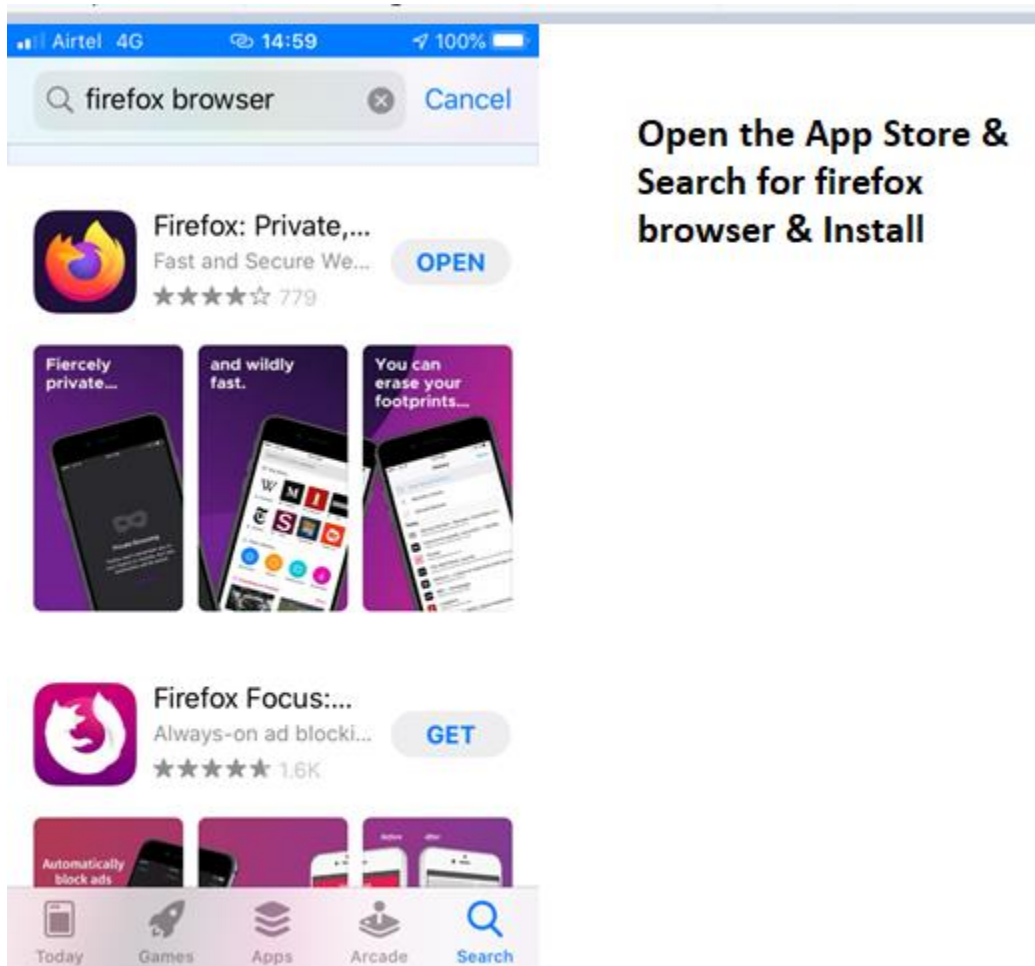


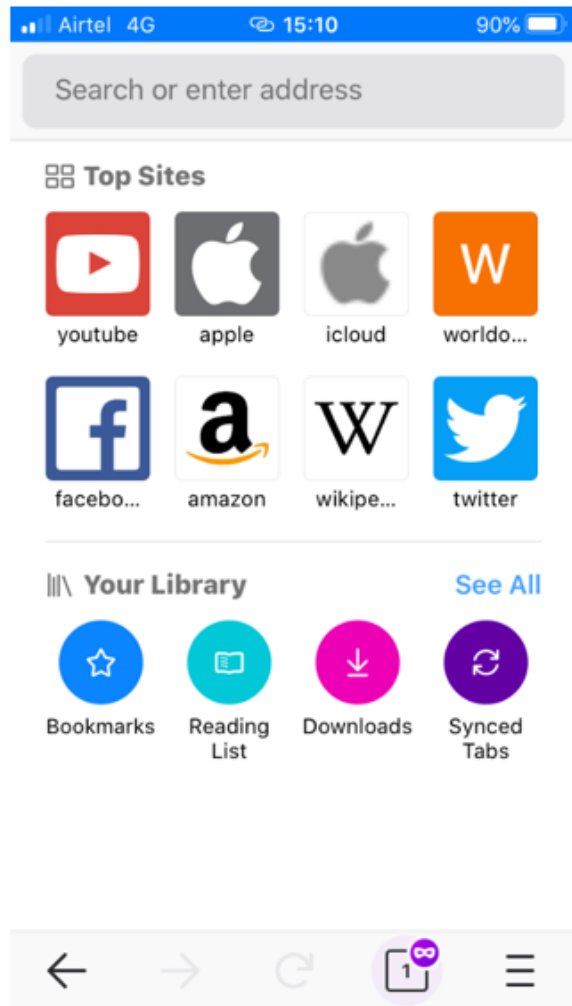
Draft Version: User Manual To Set Up Self Declaration App.

Kindly follow the screen shot to make this app up & running.

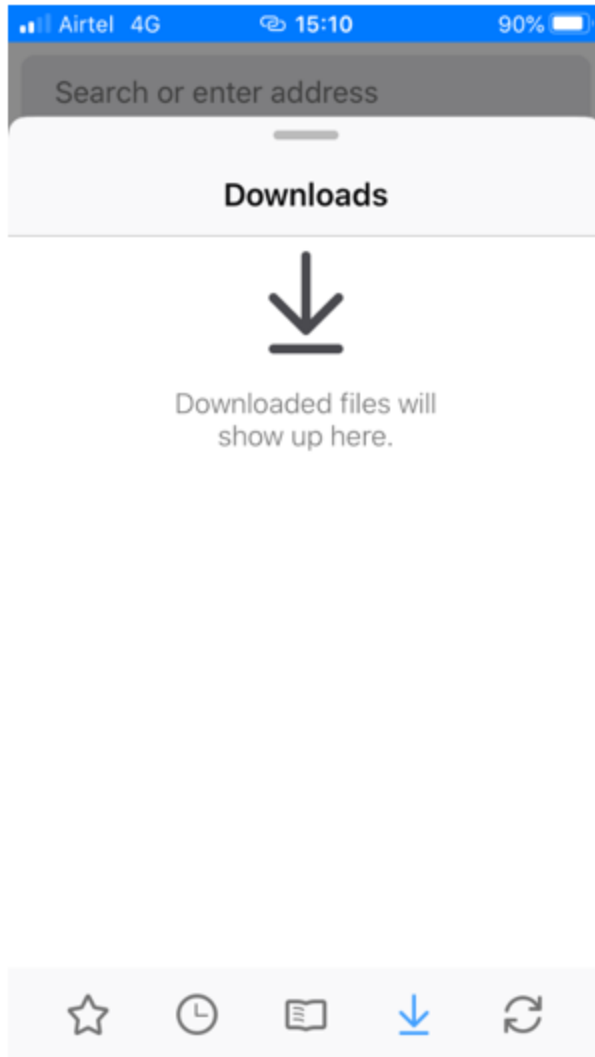




**Open the Firebox
browser**



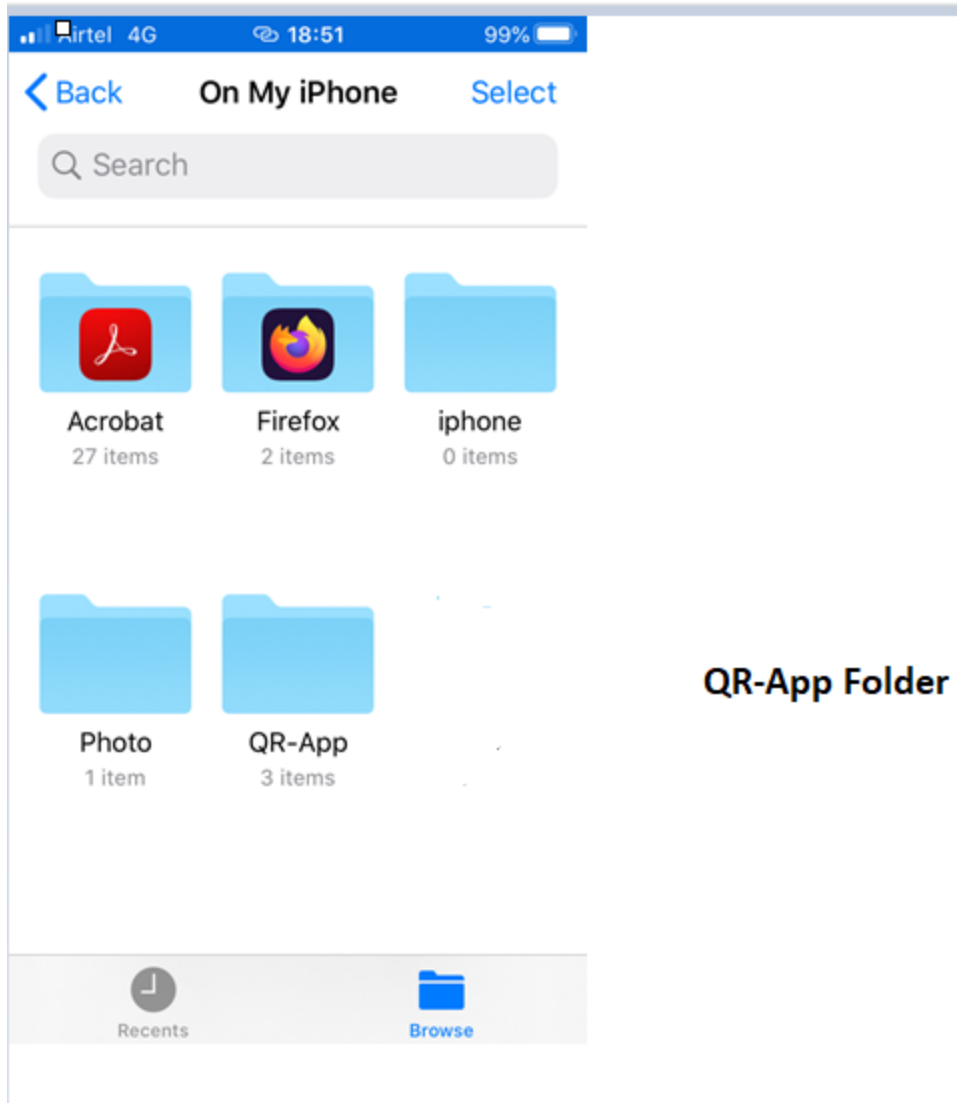
On opening the browser you will observe "Downloads" icon.



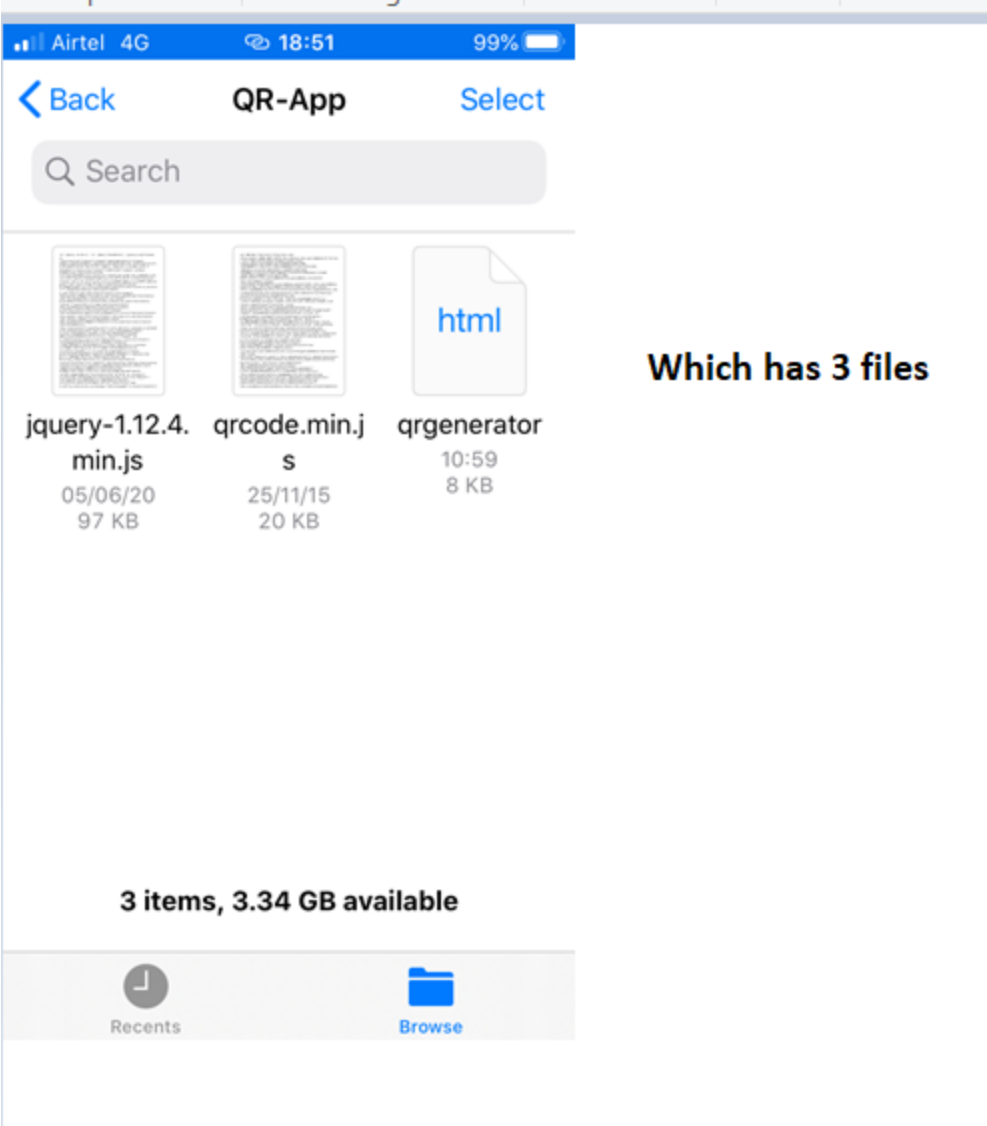
On clicking "Downloads" icon, it will open the folder, initially download folder will be empty.



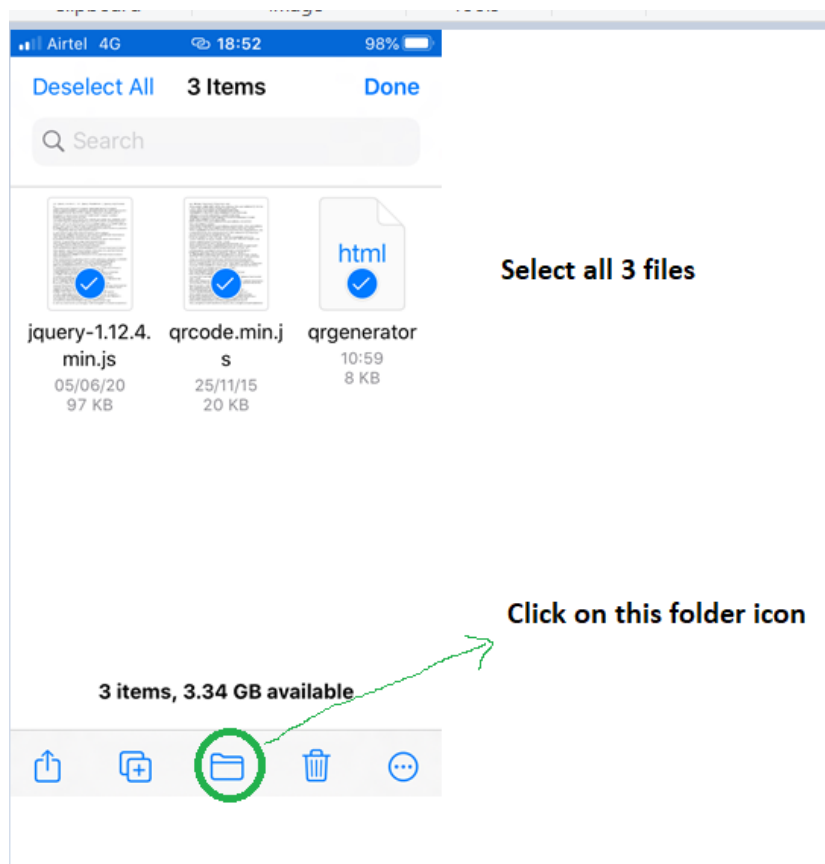
**Open the Files folder
,where QR-App folder
is saved**

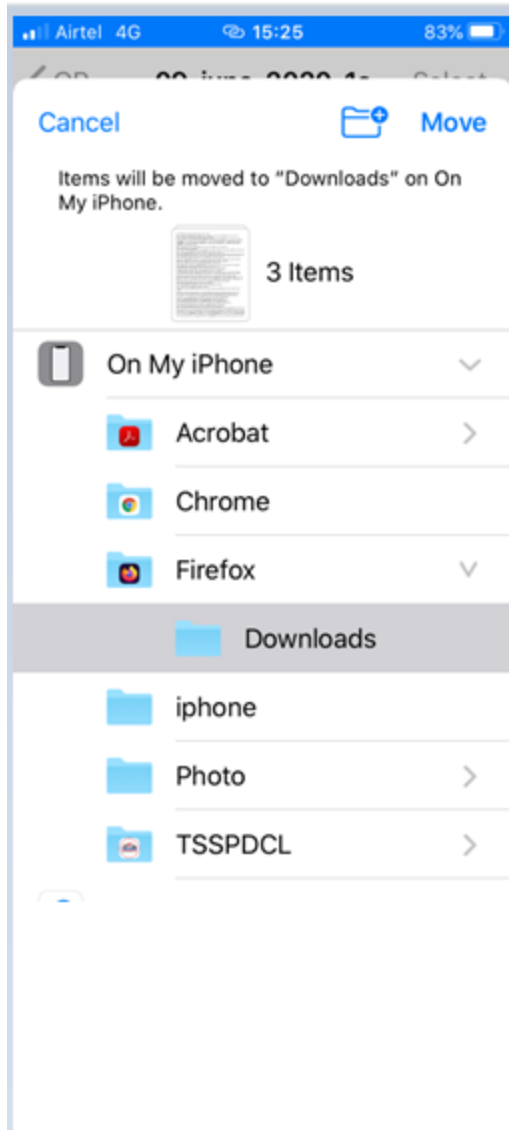


QR-App Folder

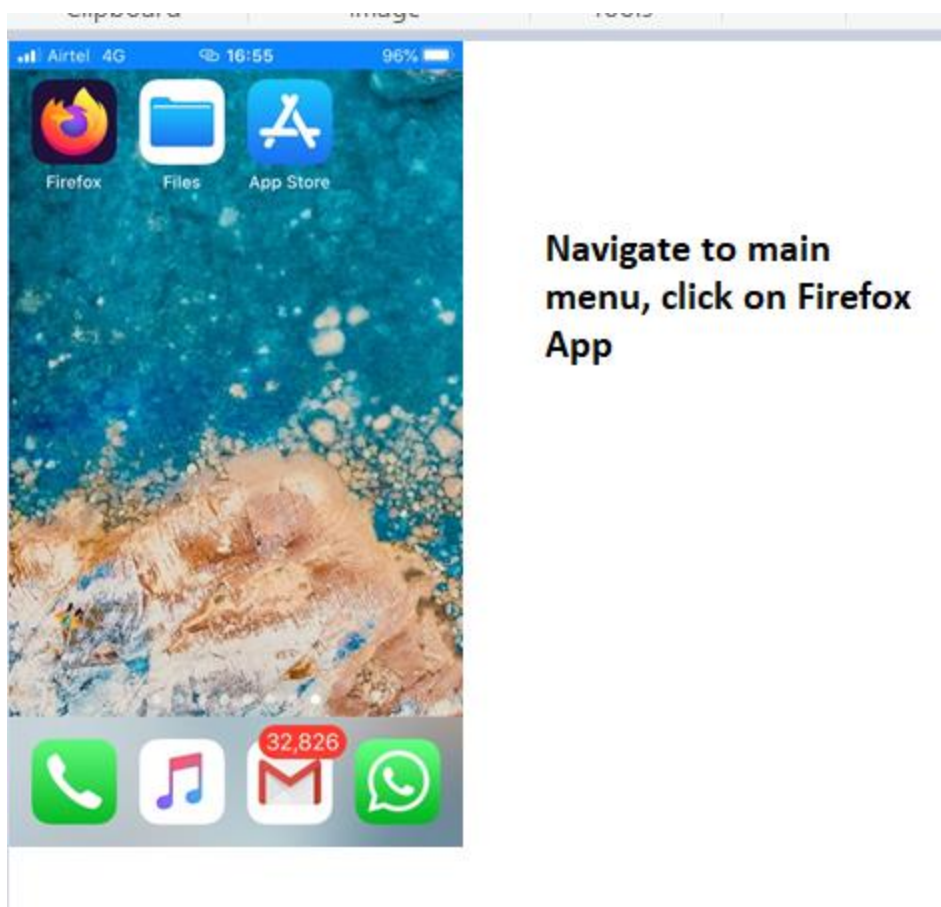


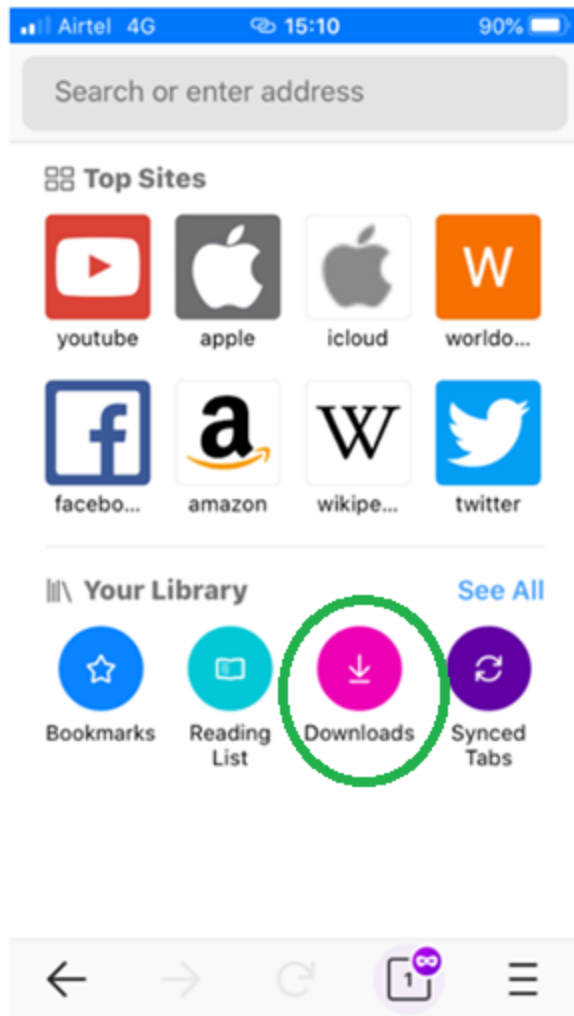
Which has 3 files



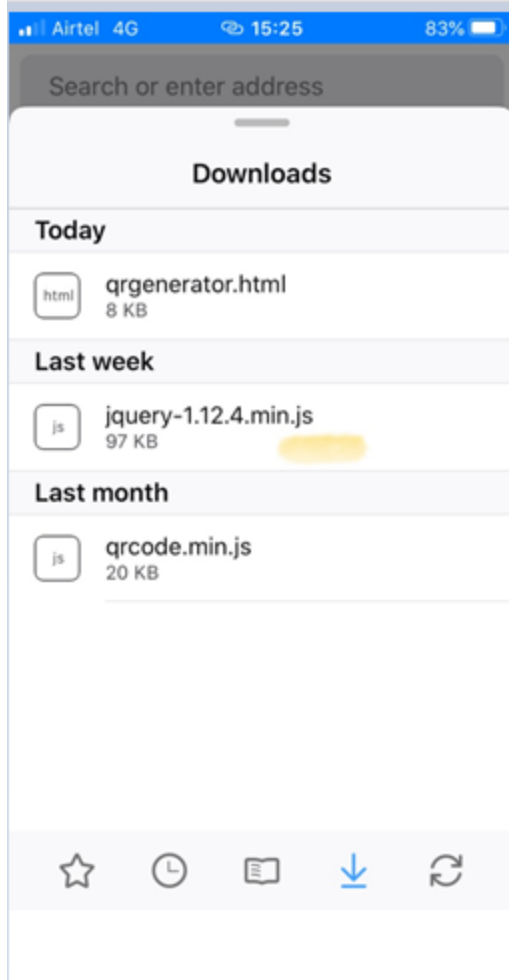


**Move all 3 files to
Firefox Downloads
folder**

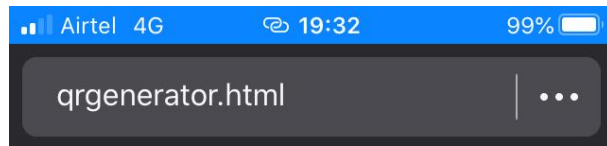




**Open Downloads
Folder**



**Will Observe 3
Files, open
"qrgenerator.html"**



Dear Sir / Madam,

In view of the ongoing COVID-19 situation, ZF is taking precautionary measures to safeguard the well-being of you & your family, as well as the well-being of our employees.

We seek your co-operation in filling up this declaration form. The details you submit will be held in confidence in accordance with the data protection act and will be used to facilitate contact and health measures to be taken, in the event of any incidents involving COVID-19.

Name:	<input type="text"/>
Email Id:	<input type="text"/>
Employee Id:	<input type="text"/>
Gender:	<input type="text" value="Male"/>
Mobile NO:	<input type="text"/>
Department:	<input type="text"/>
Travelling From:	<input type="text"/>
1) Are you presently suffering from fever / cough / shortness of breath? : Y/N	<input type="radio"/> <input type="radio"/>
2) Any present history of fever / cough / shortness of breath in your family?: Y/N	<input type="radio"/> <input type="radio"/>
3) History of contact with COVID-19 positive case or a suspected case of COVID-19 in the past 10days? : Y/N	<input type="radio"/> <input type="radio"/>
4) Travel history " City / Country visited in the last 10days:	<input type="radio"/> <input type="radio"/>
5) Are you having pre-existing medical conditions such as high blood pressure, diabetes, cardiovascular conditions	<input type="radio"/> <input type="radio"/>
, severe chronic respiratory diseases, cancer or severe immunodeficiency? : Y/N	<input type="radio"/> <input type="radio"/>
6) Have you undergone any surgery in the last 6 months? : Y/N	<input type="radio"/> <input type="radio"/>
7) Have you installed Aryogya setu app ? : Y/N	<input type="radio"/> <input type="radio"/>
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>	

[Download QRcode](#)



qrgenerator.html

Dear Sir / Madam,

In view of the ongoing COVID-19 situation, ZF is taking precautionary measures to safeguard the well-being of you & your family, as well as the well-being of our employees.

We seek your co-operation in filling up this declaration form. The details you submit will be held in confidence in accordance with the data protection act and will be used to facilitate contact and health measures to be taken, in the event of any incidents involving COVID-19.

Name:

Email Id:

Employee Id:

Gender:

Mobile NO:

Department:

Travelling From:

1) Are you presently suffering from fever / cough / shortness of breath? : Y/N ☐

2) Any present history of fever / cough / shortness of breath in your family?: Y/N ☐

3) History of contact with COVID-19 positive case or a suspected case of COVID-19 in the past 10days? : Y/N ☐

4) Travel history @ City / Country visited in the last 10days: ☐


5) Are you having pre-existing medical conditions such as high blood pressure, diabetes, cardiovascular conditions, severe chronic respiratory diseases, cancer or severe immunodeficiency? : Y/N ☐

6) Have you undergone any surgery in the last 6 months? : Y/N ☐

7) Have you installed Arogya setu app? : Y/N ☐

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[Reset QRcode](#)

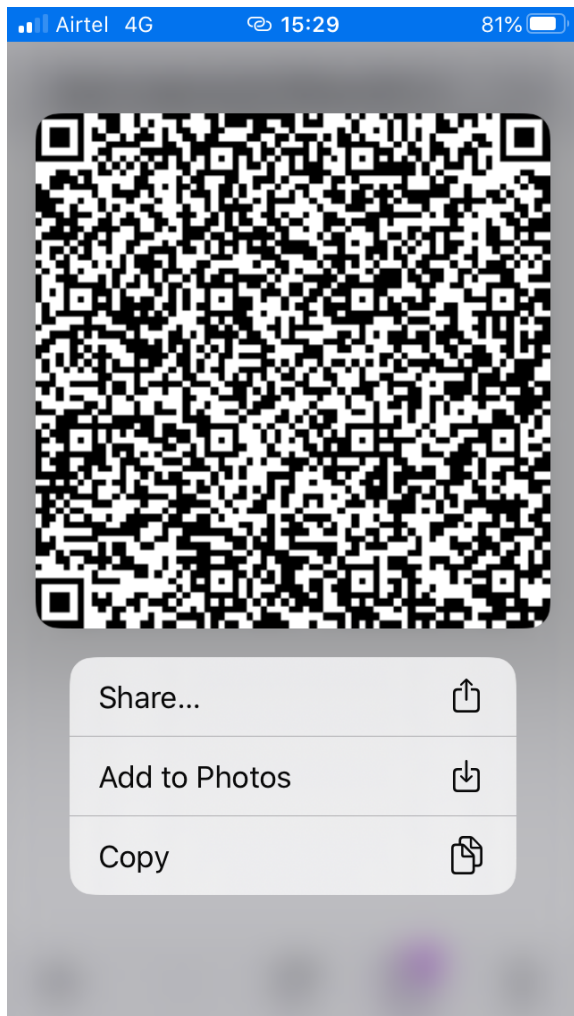


After providing all the details and on hitting the "Submit" button will successfully generate QR Code

Click on "Download QRcode"



Long press on the screen image will allow to the user to share the QRcode image





Dear Sir / Madam,

In view of the ongoing COVID-19 situation, ZF is taking precautionary measures to safeguard the well-being of you & your family, as well as the well-being of our employees.

We seek your co-operation in filling up this declaration form. The details you submit will be held in confidence in accordance with the data protection act and will be used to facilitate contact and health measures to be taken, in the event of any incidents involving COVID-19.

Name:	<input type="text" value="John"/>
Email Id:	<input type="text" value="john.doe@zf.com"/>
Employee Id:	<input type="text" value="5500111"/>
Gender:	<input type="radio"/> Male <input checked="" type="radio"/> Female
Mobile NO:	<input type="text" value="9879854321"/>
Department:	<input type="text" value="R&D"/>
Travelling From:	<input type="text" value="Hyderabad"/>
1) Are you presently suffering from fever / cough / shortness of breath? : Y/N	<input type="radio"/> Y <input checked="" type="radio"/> N
2) Any present history of fever / cough / shortness of breath in your family?: Y/N	<input type="radio"/> Y <input checked="" type="radio"/> N
3) History of contact with COVID-19 positive case or a suspected case of COVID-19 in the past 10days? : Y/N	<input type="radio"/> Y <input checked="" type="radio"/> N
4) Travel history " City / Country visited in the last 10days:	<input type="radio"/> Y <input checked="" type="radio"/> N
5) Are you having pre-existing medical conditions such as high blood pressure, diabetes, cardiovascular conditions , severe chronic respiratory diseases, cancer or severe immunodeficiency? : Y/N	<input type="radio"/> Y <input checked="" type="radio"/> N
6) Have you undergone any surgery in the last 6 months? : Y/N	<input checked="" type="radio"/> Y <input type="radio"/> N
7) Have you installed Aryogya setu app ? : Y/N	<input checked="" type="radio"/> Y <input type="radio"/> N

Home Quarantine

[Download QRcode](#)

