**Covid -19 screening and declaration form**

**Name: Age:**

**Purpose of visit: Mobile no:**

* **Do you have feaver yes/ no**
* **Do you have cough&cold in last 2 weeks yes/ no**
* **Do you visit any foreign country or other state yes/no**
* **Do you any of your family members have the above symptoms yes/no**

**If the answers is yes to any of the questions please give details**

**The above information provided is correct and I understand is being corrected as a safety measures in view of covid -19 epidermic**

**Date&Time Signature**