**SELF-DECLARATION FORM**

**For the health and safety of the university community, declaration of illness is required. Be sure that the information you'll give is accurate and complete.**

|  |  |
| --- | --- |
| Name |  |
| Programme |  |
| Student ID number |  |
| Contact number |  |
| Emirates ID/ Passport no |  |
| Email ID |  |
| Nationality |  |
| Address in UAE |  |

**Have you travelled abroad during 2021?**

* Yes
* No

**Details of the cities / countries visited in last 14 days:**

**Dates of travel:**

**Have you been in contact with people being infected, suspected or diagnosed with covid-19?**

* Yes
* No

**Are you suffering from any of the following symptoms?**

|  |  |  |
| --- | --- | --- |
| Fever | YES | NO |
| Cough | YES | NO |
| Respiratory distress | YES | NO |

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

**Declarant's name and signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date: Time:**