

**Health Declaration Form**  
**(Under the Quarantine Act)**

Name of the Programme - .....

Type of the Exam -     Selection Test     CAT     Final Exam

1. Name with Initials - .....

2. Student Registration Number - .....

3. NIC No. - .....

4. Address - .....

5. Phone Number - .....

6. Did you have any close association with a Covid 19 patient or a foreigner?

Yes     No

7. Do you currently have symptoms such as fever, sore throat, cough, and body pain? -

Yes     No

8. Are you living in an isolated/Lockdown area? -     Yes     No

9. Did you vaccinate against COVID 19?     Yes     No

If yes, please indicate the number of doses    1    2

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Date

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Signature

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**For Office Use Only**

Temperature    Normal   

High   

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Date

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Signature of the Security Officer