

# University of Jammu 'ANNEXURE'

## Self declaration form

(For all resident employees, their family members of new and old University campuses arriving from out of the Jammu city)

Name \_\_\_\_\_ University residential address

Age

Contact no.

Designation(in case of employees)

Date of arrival \_\_\_\_\_

1. Have you visited any corona virus affected country/area in the last 14 days

Yes No

2. In the last 14 days during your visit , did you:

- A. Come in close contact of any person suffering from cough and fever Yes No
- B. Did you visit Health facilities for any respiratory problem Yes No

3. Are you suffering from any of the following symptoms: Yes No

Fever Yes/No

Cough Yes/No

Respiratory distress Yes/No

If answer to any of the above is **YES** , consider them Contact and immediately report to respective Medical Officer for further necessary action

If answer to any of the above is **NO**, employee shall be treated as per the Health Advisory of the University of Jammu

### IMPORTANT:

**Any breach of the laid down protocol or hiding or giving any false/misleading information by any such employee/family member shall be viewed seriously and strict disciplinary action under rules shall be initiated against the violator employee including cancellation of the of the permission for availing residential facilities in the Campus.**

