

RISK ASSESMENT QUESTIONNAIRE FOR STUDENTS - returning to campus:

1. Do you have any symptom complex suggestive of COVID (fever, dry cough, breathlessness, throat discomfort, loose stools)?
2. Have you undertaken International travel / travelled outside the state in the last 28 days?
3. Are you returning from the red zone or hotspot area from other zones (gets updated on a timely basis)?
4. Did you attend any meeting/gathering in the last 28 days?
5. Did you come into contact with a quarantined individual (International/interstate returnees)?
6. Did you visit any hospital where COVID patients are treated in the last 28 days?
7. Did you meet any healthcare worker without proper PPE who is handling COVID patients?
8. Did you come into contact with any person from a hotspot area in the last 28 days?

Current address from where you are returning to campus with contact number:

How long did you stay in the above address: _____ days

Your mode of Travel:

Expected Date and Time of arrival at the campus:

Declaration:

I hereby declare that all the information contained above is by facts or truths to my knowledge. I take full responsibility for the correctness of the said information.

Name:

Signature:

Mobile Number:

Date: