

# SRM INSTITUTE OF SCIENCE AND TECHNOLOGY

(Deemed to be **University** u/s 3 of UGC Act, 1956)

## OFFICE OF THE CONTROLLER OF EXAMINATIONS

**16<sup>th</sup> Convocation – 26<sup>th</sup> December, 2020**

<b>Register No.</b>		<b>Name</b>	
<b>Year of Study</b>		<b>Degree &amp; Branch</b>	
<b>Campus</b>	Kattankulathur	<b>Present Communication Address</b>	
	Ramapuram		
	Modi Nagar		
	Vadapalani		
<b>Contact No.</b>		<b>Email:</b>	

### **DECLARATION AND CONSENT FORM - FOR COVID - 19**

<b>Sl.No.</b>	<b>Particulars</b>	<b>YES</b>	<b>NO</b>
1	Where did you reside for the past one month? Is it a declared hot spot?		
2	Is it a containment zone?		
3	Did you have travel history to a hot spot?		
4	Did you have contact history with a COVID positive Patient in the last 15 days?		
5	Did you attend funeral function of any COVID positive patient in the last 15 days?		
6	Do you have to travel through a hot spot to reach SRM campus?		
7	Do you suffer from ILI – Influenza like illness (fever, throat pain and cough) now?		
8	Do you have loss of smell or diarrhea along with ILI?		
9	Have you suffered from COVID 19 /tested positive, treated and declared negative before 15 days?		
10	Have you recently undergone test for covid-19 and tested negative within 15 days?		
11	Are you voluntarily attending the Convocation?		

- ❖ If your answer is “yes” for the last three questions and “no” for others, you can report yourself for screening as per the schedule date and get screened on entry.
- ❖ If “yes” for 1 to 5, you are advised to get tested in your present location for covid – 19 by RT-PCR (throat swab) and report to SRM if result is negative only.
- ❖ If “yes” for 6 to 8 or if you are found to have been with suspected signs and symptoms of COVID 19, during screening, you have to attend fever clinic at SRM Hospital & will not be allowed to enter into the campus until cleared by them. You are likely to be advised quarantine/ home isolation for two weeks if necessary by the medical authorities. You may have to undergo throat swab testing for Covid – 19 by RT- PCR at your cost.
- ❖ People with co-morbidities (associated illness like Diabetes, High blood pressure, heart disease, asthma, etc.) are more vulnerable to suffer from COVID 19 and are advised to keep those diseases under control by medication and other non-therapeutic methods.
- ❖ Beyond this, the risk of contracting the illness of COVID -19 is very low but still present.
- ❖ I understand the background of screening for COVID- 19 and its consequences; and abide by the medical advice. I will wear face mask inside the campus and cooperate by observing social distancing norms at all times.

**Date:**

**Name & Signature**

**N.B: Submit the filled in hard copy of this form duly signed by you at the Registration counter without fail.**