



## Dr. Rajendra Prasad Central Agricultural University

Pusa, Samastipur, Bihar -848125

### COVID-19 Self-Declaration Form

The following declaration is given by me as a bonafide student of Dr. Rajendra Prasad Central Agricultural University, Pusa, Samastipur, Bihar

First Name:	
Last Name:	
Registration Number:	
Name of Course, College & Department registered in :	

1. Do you have any of the following flu-like symptoms:

Fever (38° C or higher i.e. 98.4° F or higher)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cough and Cold	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Breathlessness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sore throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Others: Please specify	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Please list the places you have travelled to in the last 30 days (If any).

APPLICABLE				(Yes/ No)
Name of Place/City:				
Date of Arrival:				
Date of Departure:				

3. Have you or an immediate family member come in contact with a confirmed case of the coronavirus in the last 14 days?

I have been in contact with a confirmed case of coronavirus in the last 14 days.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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4. Have you or any of your family member have been tested positive of coronavirus?

I or my family member have been tested positive of coronavirus.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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5. I confirm/certify that I am experiencing two or more of the following symptoms (Please tick [✓] against applicable):

- chills
- barking cough, making a squeaky or whistling noise when breathing (croup)
- shortness of breath (out of breath, unable to breathe deeply)
- sore throat
- difficulty in swallowing
- hoarse voice (more rough or harsh than normal)
- runny nose
- stuffy or congested nose
- lost sense of taste or smell
- headache
- digestive issues (nausea/vomiting/diarrhea/stomach pain)
- fatigue (lack of energy/extreme tiredness)
- falling down more than usual

If NOT confirming the above please tick (✓) in the box.

**NOTE:**

**Each student must submit this dully filled declaration at the time of reporting to the University, without the submission of this form one will not be permitted to enter in the University premises.**

.....  
Date

.....  
Name & Signature of the student

**UNDERTAKING BY PARENTS**

I, ..... father/mother of ....., undertake that the information furnished by my ward are correct and true upto best of my knowledge.

Signature of Father/Mother : .....

Father/Mother Name : .....

Mobile No. : .....