Please e-mail this page to- security@iima.ac.in& estatemngr@iima.ac.in



**Self-Health declaration form**

|  |
| --- |
| Name of the arriving person:Arrived on (Date): |
| Mobile no |  |
| Email Id |  |
| Age |  |
| House/ Dorm/ MSH No. (where staying on Campus) |  |
| Arriving From (Give complete address) |  |
| **I declare that:*** I was not residing in any containment zone.
* I am not suffering from any fever, cough, or any respiratory distress.
* I am not under quarantine.
* If I ever develop any of the above-mentioned symptoms, I will immediately contact the dispensary of the institute.. (Ext. 4777)/ Mobile : 9825022796
* I have not tested COVID­19 positive in the past / I have tested Covid-19 positive on \_\_\_\_\_\_\_\_\_\_\_\_and recovered completely thereafter.
* I will adhere to the health protocol prescribed by the Gujarat state.
* I will self-isolate & restrict my interaction with the IIMA community to bare minimum for a week.
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