Please e-mail this page to- [security@iima.ac.in](mailto: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. | |