كلية الهندسة
**College of Engineering**
جامعة قطر QATAR UNIVERSITY

## COVID-19 Self Declaration Form

**<u>Important Notes</u>**

- For the health and safety of our community, declaration of illness is required.
- The form should be submitted ONLY through Blackboard (paper submission is not accepted)
- The form must be <u>completed, signed and submitted through Blackboard</u> before entering the class by 24 hours.

**<u>Student Information</u>**

Name

| | |
|---|---|
| First Name | Last Name |

Student ID Number                      Email

Department

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1. Do you have any one of the following conditions?

| | Yes | No |
|---|---|---|
| Respiratory diseases | | |
| Asthma | | |
| Diabetes | | |
| Blood Pressure | | |
| Heart Disease | | |
| Kidney | | |
| Cancer | | |
| Smoking | | |
| Pregnancy | | |
| Special needs | | |
| Others (Please specify) | | |

2. Have you travelled abroad during August 2020?

☐ Yes

☐ No

| Name of the area(s) visited | Dates of travel |
|---|---|
|  |  |

3. In the past 14 days, have you been in contact with people being infected, suspected or diagnosed with COVID-19?

☐ Yes

☐ No

4. In the past 24 hours, have you had any of the following symptoms?

|  | Yes | No |
|---|---|---|
| Fever |  |  |
| Cough |  |  |
| Shortness of breath |  |  |
| Pain in the chest |  |  |
| Sore throat |  |  |
| Headache |  |  |

**If you answered 'Yes' to any of the questions above, you are not allowed to attend the class on campus**

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**Acknowledgement by the student**

1. I acknowledge that the information I have given is accurate and complete.

2. I am aware and take into consideration the precautions and special measures related to COVID-19.

3. I will not attend any classes, or visit Qatar University if I am feeling unwell and have any COVID-19 symptoms.

4. I will collect the personal protective equipment (PPE) in the first day of lab course.

**Signature**:……………………………………………………

**Date**:……………………………………………………