

COVID-19 PREVENTION HEALTH DECLARATION CHECKLIST

Student's Name:				Father's Name:																																																																																													
Class:			Section:			GR #:																																																																																											
Mode of transport: School Van _____ Private _____																																																																																																	
<p>1. Please indicate if your child has any pre-existing medical conditions?</p> <p>Allergies <input type="checkbox"/> Epilepsy <input type="checkbox"/> Asthma<input type="checkbox"/> Congenital heart disease <input type="checkbox"/> Any other <input type="checkbox"/> (please specify) _____</p> <p>2. Please track your child's health for 4 days prior to school reopening.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Temperature</th> <th colspan="2">Runny Nose</th> <th colspan="2">Sore Throat</th> <th colspan="2">Cough</th> <th colspan="2">Breathing Difficulty</th> <th colspan="2">Body Ache</th> </tr> <tr> <th>Y</th> <th>N</th> <th>Y</th> <th>N</th> <th>Y</th> <th>N</th> <th>Y</th> <th>N</th> <th>Y</th> <th>N</th> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Day 1</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left;">Day 2</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left;">Day 3</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left;">Day 4</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left;">Day 5</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>									Temperature		Runny Nose		Sore Throat		Cough		Breathing Difficulty		Body Ache		Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Day 1													Day 2													Day 3													Day 4													Day 5												
	Temperature		Runny Nose		Sore Throat		Cough		Breathing Difficulty		Body Ache																																																																																						
	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N																																																																																					
Day 1																																																																																																	
Day 2																																																																																																	
Day 3																																																																																																	
Day 4																																																																																																	
Day 5																																																																																																	
<p>3. Has your child been in contact with anyone having above mentioned symptoms in 14 days prior to school reopening? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>4. * Has your child travelled outside Karachi in 14 days prior to school reopening? If yes, please mention the travelling dates – from: _____ to: _____ and location: _____ Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>5. * Has your child come in close contact with a confirmed COVID-19 case in 14 days prior to school reopening? Yes <input type="checkbox"/> No <input type="checkbox"/></p>																																																																																																	
<p>Kindly submit this form via email to the respective Class Teacher by Thursday, 14th January, 2021.</p>																																																																																																	

***Any student who has just arrived back from another city or country should self-isolate for 14 days before returning to school or produce evidence of negative Covid-19 test result received after landing in Karachi.**

***Any student who is part of a household where a member has Covid-19 or they are diagnosed with it themselves must also self-isolate at home for 14 days.**