

HEALTH DECLARATION FORM

I, Mr/Ms _____ Registration/Class/Personal No. _____
Department/Section _____ Program _____
Semester ____, CNIC No. _____ Mobile Phone No _____
Address. _____ do
hereby solemnly affirm, declare and undertake:

- 1) That my health status is as follows (Encircle the relevant one):
 - i. Fever YES NO
 - ii. Cough YES NO
 - iii. Difficulty in Breathing YES NO
- 2) That I am willing to follow all public measures adopted at the FATA University to prevent COVID-19/coronavirus.
- 3) That I am willing to undergo all processes applicable for COVID-19/ Coronavirus testing whenever asked by FATA University officials.
- 4) To comply with all COVID-19/ Corona Virus precautionary measures/ instructions of the FATA University authorities.

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief, and I undertake to inform the concerned focal person of FATA University regarding any changes therein, immediately. In case any of the above information is false or untrue or misleading or misrepresenting, I am aware that I shall be held liable for all applicable law(s) of Pakistan.

Date: _____

Signatures of Applicant: _____

Name and FATA University ID: _____

Department/Section: _____

Date: _____

Ph#: _____

Postal Address: _____