



Mohi-ud-Din Institute of Rehabilitation Sciences

Constituent Institute of
Mohi-ud-Din Islamic University, Nerian Sharif AJ&K



HEALTH DECLARATION FORM

(To be filled by parents)

I _____ father/ mother/ guardian of Mr. / Miss. _____
certify that:

- To the best of my knowledge, my child is not suffering from covid-19. He / she does not carry any symptoms and has also not been in direct contact with anyone who was unwell or confirmed corona patient in the past 14 days.
- I understand that the institute is being disinfected regularly and also takes necessary safety precautions to the best of capabilities as per international/ government directives and in case my child contracts the virus, I will not hold the institute responsible.
- I will notify the college within 24 hours if my child develops covid-19 symptoms.
- I will ensure my child follows all the SOPs regarding covid-19.

ACKNOWLEDGEMENT

I _____ father/ mother/ guardian of Mr. / Miss. _____
declare that I and my son/ daughter/ child of DPT first semester have read and understood all the information and will cooperate with the institute as per given guidelines.

Name of Parent/ Guardian: _____

Contact Number of Parent/ Guardian: _____

Parent/ Guardian CNIC: _____

Signature of Parent/ Guardian