**ANNEXURE-IV**



**Health Declaration Form**

I, Mr/ Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UMT ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School/Institute\_\_\_\_\_\_\_\_\_\_\_\_\_\_dated \_\_\_\_\_\_\_ and CNIC No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address in Pakistan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby solemnly affirms, declares and undertake:

1. That my health status is as follows (Encircle the relevant one):
   * 1. Fever YES NO
     2. Cough YES NO
     3. Difficulty in Breathing YES NO
2. That I am willing to follow all public measures adopted at the UMT for anti-COVID-19/ coronavirus.
3. That I am willing to undergo all processes applicable for COVID-19/ Coronavirus testing whenever asked by UMT officials
4. To comply with all anti-COVID-19/ Corona Virus precautionary measures/ instructions of the UMT authorities.
5. 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 UMT Medical Health Unit 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 may be held liable for all applicable law(s) of Pakistan.

(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Signature

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_