

Coronavirus Self Declaration Form

For the health and safety of our community, declaration of illness is required. Be sure that the information you'll give is accurate and complete.

Name of the Candidate: _____

URN No: _____

Sponsoring Insurance Company: _____

Branch of the Insurance Company: _____

Examination Date _____

Examination Time _____

- I have not travelled to any foreign location in the year 2020.
- I am not being in contact with people being infected, suspected or diagnosed with COVID-19?

I declare that I am not experiencing any of the below issues:

- Fever
- Cough
- Shortness of Breath
- Persistent Pain in the Chest

I acknowledge that the information I've given is accurate and complete.

Date _____

Signature _____

Authorized Signatory of Insurance Company _____

Name of the Signatory _____

Designation of the Signatory _____

Seal of Sponsoring Insurance Company _____