

# COVID SELF DECLARATION FORM

First Name

Last Name

Date of Birth/ Age:

Address

Aadhar Card No:

**Are you coming from a containment zone or red zone?**

If yes, Name of the area(s)

**Have you been in contact with people being infected, suspected or diagnosed with COVID-19?**

If yes, Your relationship with the people and your last contact date with them

**In the last 14 days, have you been in close contact or exposed to any person suspected of or confirmed with COVID-19? \***

**I confirm that:**

- I am not currently positive for COVID-19
- I am not waiting for the results of a laboratory test for COVID-19
- I have not returned from any other State or Country, either by car, air, sea, bus or train in the past 14 days
- I have not been identified as a contact of someone who has test positive for COVID-19 or been asked to self-isolate by any government agency.
- I am not in high risk category for increased illness or death from COVID-19, including : diabetes, cardiovascular disease, hypertension, lung disease including moderate to severe asthma, being immunocompromised (including transplant recipient), having active malignancy or over the age of 65.
- I am NOT presenting with any of the following symptoms of COVID-19:
  - Fever > 38C, or 100F, chills or body aches
  - Cough
  - Shortness of Breath
  - Persistent Pain in the Chest
  - Sore Throat
  - Shortness of breath / Difficulty breathing
  - Flu-like symptoms
  - Runny Nose
  - Loss of smell or taste

**I agree to the following:**

- I understand the aforementioned COVID-19 symptoms. I am not waiting for the results of a laboratory test for .
- I affirm that neither I, nor any member of my household, currently has or has experienced the aforementioned symptoms within the past 14 days. Furthermore, I will immediately inform authorities if I, or any member of my household, develops any of the aforementioned symptoms in the next 14 days of my stay.
- I affirm that neither I, nor any member of my household, has been diagnosed with COVID-19 within the past 30 days. Furthermore, I will immediately inform Authorities of Jungle Campers if I, or any member of my household, is diagnosed with COVID-19.
- I affirm that neither I, nor any member of my household, has knowingly been exposed to anyone diagnosed with COVID-19 within the past 30 days. Furthermore, I will immediately inform Authorities of Jungle Campers if I, or any member of my household, is knowingly exposed to anyone diagnosed with COVID-19.
- I affirm that neither I, nor any member of my household, has traveled outside of the country or to any city considered to be a "hot spot" for COVID-19 infections within the past 30 days.
- I understand that the authorities of Jungle Campers cannot be held liable for any exposure to the COVID-19 virus caused by any misinformation on this form or the health history provided by me.
- I will immediately notify the concerned person of Jungle Campers if I contract the virus within two weeks following my visit.

**By signing below, I verify that the information I have provided on this form is truthful and accurate.**

**Date:**

**Time:**

**Place:**

**Name and Signature**