



# LAHORE GARRISON UNIVERSITY

Main Campus, Sector-C Phase-VI, DHA Lahore  
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## HEALTH DECLARATION FORM

Dear Sir/Madam:

To prevent the spread of COVID-19 in our LGU community and reduce the risk of exposure to our student/faculty/ staff and visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in this University. Thank you for your time and cooperation.

Name:

Age:

Gender:

Home Address:

Personal Contact No.:

Office:

Office Address:

Person/Office to visit:

Purpose of visit:

Temp. reading:

Date:

Time:

Recorded by staff (Name):

1. In the past 14 days, which of the following symptom(s) have you experienced, please check the relevant box(es)

Description	Mark Here
Fever	
Dry cough	
Sore throat	
Tiredness	
Diarrhea	
Shortness of breath	
Body aches	
Runny nose a Headache	
Others	
NONE OF THE ABOVE	

2. Have you been in contact with a confirmed COVID-19 patient in the past 14 days?

Yes

No

3. Have you been identified to high risk areas of COVtD-19 in the past 14 days?

Yes

No

If yes, please indicate the area(S):

### Declaration and Data Privacy Consent Form:

The information I have given is true, correct and complete, I understand that failure to answer any question or giving false answer can be penalized in accordance with law.

I voluntarily and freely consent to the collection and sharing of the above personal information only in relation to the LGU COVID-19 internal protocols.

Signature

Date

Please be advised that the above information shall only be used in relation to the LGU COVID-19 internal safety protocols in accordance with the HEC.