

SELF - DECLARATION AND ASSESSMENT FORM FOR COVID - 19

I was informed that if I had given false information, I would be prosecuted under the Ordinance of Quarantine and Prevention of Diseases and Chapter XIV on Public Health & Safety of the Penal Code of Sri Lanka.

Name :

Email :

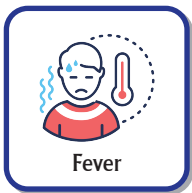
Telephone :

NIC/Passport Number :

Permanent Address :

Current Address :

Do you have any of the following symptoms? (You can select more than one)



Fever



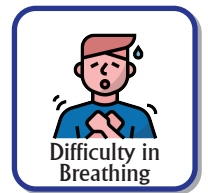
Sore throat



Cough



Runny Nose



Difficulty in Breathing

Did you, in the past 14 days, come in 'Close contact' with someone who:

'Close contact' is defined as:

- Providing care
- Living at the same place
- Being in an enclosed environment (workplace / vehicel / room) for more than 15 minutes
- Touching or sharing utensils or personal items

Has flue like symptoms with in last 14 days?

Have you visited goverment/ private hospital during past 14 days?