

SELF DECLARATION : VISITOR'S QUESTIONNAIRE (COVID-19)

At UPES, the safety of our visitors is as important to us as the safety of our students, faculty, and staff. We would request your participation to help us take precautionary measures to protect you and everyone at the premises.

Declaration for Date	
Visitor's Name	
Visitor's ID	
Personal Contact Number	
Age	

COVID-19 QUESTIONNAIRE

S.No.	Queries	Symptoms
1.	Have you suffered from any sickness during the last 15 days or having any symptoms?	Cough : Yes <input type="checkbox"/> No <input type="checkbox"/> Difficulty in Breathing : Yes <input type="checkbox"/> No <input type="checkbox"/> Sore Throat : Yes <input type="checkbox"/> No <input type="checkbox"/> Loss of Smell/Taste : Yes <input type="checkbox"/> No <input type="checkbox"/> Running Nose : Yes <input type="checkbox"/> No <input type="checkbox"/> Pneumonia Like Symptoms : Yes <input type="checkbox"/> No <input type="checkbox"/> Fever (Temp more than 98.6 F or 37 C) : Yes <input type="checkbox"/> No <input type="checkbox"/> Fatigue/Weakness : Yes <input type="checkbox"/> No <input type="checkbox"/> Body Ache : Yes <input type="checkbox"/> No <input type="checkbox"/> Diarrhea : Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Have you had any contact with Coronavirus positive case?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Have you had contact with any staff treating Coronavirus positive case?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Any travel to any other states in the last 21 Days?	Yes <input type="checkbox"/> No <input type="checkbox"/>

S.No.	Queries	Symptoms
5.	Please provide the details of your travel history	Date of travel : <input type="text"/> Mode of travel : Flight <input type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Other <input type="checkbox"/> Places visited : <input type="text"/>
6.	Any other pre-existing medical conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
A	Chronic respiratory disease	Yes <input type="checkbox"/> No <input type="checkbox"/>
B	Chronic heart disease (excl. High BP)	Yes <input type="checkbox"/> No <input type="checkbox"/>
C	Diabetes	Yes <input type="checkbox"/> No <input type="checkbox"/>
D	Taking immunosuppressive drugs, anticancer drugs, etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	Have you been diagnosed and treated for COVID-19?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.	Are you coming from any declared containment/hotspots area / buffer zone?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.	Have you or your family member travelled in any City / Country in the last 15 days and stayed in any declared containment/hotspots area / buffer zone?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10.	Has the Arogya Setu app been installed on your mobile?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	Did you got vaccinated with the first dose of COVID 19 Vaccine	Yes <input type="checkbox"/> No <input type="checkbox"/>
12.	Select which dose you were vaccinated with	COVAXIN <input type="checkbox"/> COVESHIELD <input type="checkbox"/> Sputnik V <input type="checkbox"/>
13.	If vaccinated, mention the date of vaccination	DD-MM-YY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
14.	Did you got vaccinated with the second dose	Yes <input type="checkbox"/> No <input type="checkbox"/>

University reserves the right to restrict the entry of visitor if he/she have marked "YES" in questionnaire of self-declaration form except for the Sr. No. 4, 5, 10, 11 and 14. In this situation he/she are advised to ignore the appointment confirmation and should not travel to campus. You are requested to get your queries resolved by calling 1800 102 8737 (8 am to 8 pm).