

<b>Resident COVID-19 Declaration Form</b>	PRO-SS-001-29	Page: 1/1
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<b>Student Name:</b>		<b>Date:</b>	
<b>Student ID:</b>		<b>Term:</b>	
<b>Resident Category</b>	<input type="checkbox"/> ADU Student <input type="checkbox"/> ADU Alumni	<input type="checkbox"/> Non ADU Student <input type="checkbox"/> Staff	<b>Dorm</b> <input type="checkbox"/> Male Dorm <input type="checkbox"/> Female Dorm

Question	Yes	No
Have you traveled to any country in the past 14 days? If yes, please list the country and the travel dates.  Travelled to: _____ Return Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you joining ADU Student Housing from abroad? If yes, please share the details:  Travelling from: _____ Arrival Date: _____ Check-in Date to ADU Dormitory: _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you been diagnosed with COVID-19 in past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Has any one of your household been diagnosed with COVID-19 in past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been in close contact with someone diagnosed with COVID-19 in past 14 days ?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any symptoms of COVID-19 illness? <input type="checkbox"/> Fever <input type="checkbox"/> Dry Cough <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> Loss of Taste <input type="checkbox"/> Loss of Smell <input type="checkbox"/> Sore Throat <input type="checkbox"/> Chest Pain <input type="checkbox"/> Skin Rash or Discoloration	<input type="checkbox"/>	<input type="checkbox"/>

- I hereby confirm that all provided information are accurate and that this form will be considered as my consent to disclose and share this declaration with any relevant authority or health service provider for the purposes of ensuring the safety and security of ADU community.
- I agree to follow all the COVID-19 precautionary measures and quarantine rules as communicated by Abu Dhabi University, ADU Student Housing & other relevant authorities.

Applicant's Signature: \_\_\_\_\_

**For Student Support Office Only**

<input type="checkbox"/> 14 Days Quarantine at the Dorm	<input type="checkbox"/> No Need for Quarantine
Comment: _____	Staff Signature: _____