

Resident COVID-19 Declaration Form	PRO-SS-001-29	Page: 1/1
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Student Name:		Date: DD/MM/YYYY	
Student ID:		Term:	
Resident Category	ADU Student ADU Alumni	Non ADU Student Staff	Dorm Male Dorm 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: _____		
Are you joining ADU Student Housing from abroad? If yes, please share the details: Traveling from: _____ Arrival Date: _____ Check-in Date to ADU Dormitory: _____		
Have you been diagnosed with COVID-19 in past 14 days?		
Has any one of your household been diagnosed with COVID-19 in past 14 days?		
Have you been in close contact with someone diagnosed with COVID-19 in past 14 days ?		
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		

- ☐ 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

Days Quarantine at the Dorm	No Need for Quarantine
Comment:	Staff Signature: