



Coronavirus Self-Declaration Form (for Parents & Visitors)



Dear Parent / Visitor, your safety and the safety of others is important to us. Due to the ongoing and rapidly changing situation with the novel-coronavirus (COVID-19), we require all visitors to the Indian School Wadi Kabir / Indian School Wadi Kabir International to fill-out the self-declaration form below. ISWK / ISWKi will make a decision on entry to the school, based on the answers provided below.

Each visitor must complete this form and email it to office@iswkoman.com (Senior School) / primary@iswkoman.com (KG & Primary) / frontoffice@iswki.org at least **one hour** prior to the visit to the school.

First Name:	
Last Name:	
Visit Date:	
Parent of (name of Student):	
Class / Section:	
GR No.:	
Purpose of visit:	
Person to meet at school:	

1. Do you have any of the following flu-like symptoms:

Fever (38°C or higher)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Runny nose	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Breathlessness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sore throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tiredness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Headache	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Body ache and pains	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Loss of taste	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Loss of smell	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Please list the country/cities you have travelled to in the last 14 days prior to visiting ISWK / ISWKi, Muscat, Sultanate of Oman.

Name of City / Country:				
Date of departure:				
Date of arrival:				

3. Have you or an immediate family member come in close contact with a confirmed case of the coronavirus in the last 14 days? (*“Close contact” means being at a distance of less than one metre for more than 15 minutes.*)

I have been in close contact with a confirmed case of coronavirus in the last 14 days.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

This document will be retained confidential by the school for one month after its submission to the school.

The health and wellbeing of our community is our first priority therefore ISWK / ISWKi reserves the right to deny entry to the campus.

Visitor's Signature : _____ Date: _____
(If you are an ISWK / ISWKi student (minor), then your Parent's signature is mandatory)

Private Data Protection notice:

The above data is collected as a preventive measure for our community to mitigate the risk of a novel Coronavirus disease (COVID-19) outbreak in our school. Also, we are collecting personal data to be able to support local authorities in case of an outbreak in Muscat, Oman. In such a case, this data will help the authorities to trace a human-to-human transmission of the Virus.

This data sheet will be stored in our Nurses office and will not be shared with any third party, unless there is an official request by the local authorities for reasons of public interest in the area of public health.

The datasheet will be deleted one month after collection or a new sheet is submitted, (whichever is earlier) unless a longer period is required by the public authorities.

Thank you for your cooperation!

The School Management