



Transport Coronavirus Self-Declaration Form



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 transporters 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 Caretaker/ Bus In-charge must complete this form and hand it over to your ISWK / ISWKi Transport Staff Contact prior to the visit to the school.

Name of Driver:	
Name of Caretaker:	
Bus number:	
Route name:	
Contact Person at school:	
Total no of students travelled	

1. Do you/ the driver 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 aches 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. Do you/ the caretaker 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 aches 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

3. Does any of the student travelling in the bus have any of the following flu-like symptoms:

Symptom Name	Symptom Code
Fever (38°C or higher)	1
Cough	2
Runny nose	3
Breathlessness	4

Sore throat	5
Tiredness	6
Headache	7
Body aches and pains	8
Loss of taste	<input type="checkbox"/> Yes
Loss of smell	<input type="checkbox"/> Yes

If yes, please mention the name and class of the child:

Student Name	Student Class	Symptom code from the above table

3. Have the following measures been taken to ensure safety of every member present in the school transport?

Cleaning/ Decontamination of buses with a disinfectant	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Seats, Windows, Handles cleaned with disinfectant	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hand Sanitizer Stations for Bus Driver and Students	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Signage Posters/ Stickers for Student Education on Bus	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Availability of Tissues for Students	<input type="checkbox"/> Yes	<input type="checkbox"/> No
All guidelines provided by the local authorities are followed	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

Driver's Signature : _____ Date: _____

Caretaker's Signature: _____ Date: _____

Contractor's Signature : _____ Date: _____

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