

## **HEALTH DECLARATION CERTIFICATE**

I, \_\_\_\_\_ S/O,D/O \_\_\_\_\_ bearing CNIC  
No \_\_\_\_\_ studying at BUIITEMS in \_\_\_\_\_  
program of study for the session \_\_\_\_\_, in the Department \_\_\_\_\_  
and Faculty \_\_\_\_\_ under CMIS ID Number \_\_\_\_\_,  
do hereby declare that;

1. I am currently in good health and free from any symptoms of COVID-19 (i.e. fever, cough, shortness of breath or cold, chills, fatigue, loss of taste or smell or any other physical illness).

2. Suffering from any other medical condition: Yes      No  
        
(if yes) please specify the details:

\_\_\_\_\_  
\_\_\_\_\_

3. That my health condition during the closure period was (tick the applicable box):

a. Experienced/Undergone for COVID-19 treatment: Yes      No  
     

(If yes, please mention the date of COVID-19 test) \_\_\_\_/\_\_\_\_/2020

b. Family history of COVID-19 or contact with COVID-19 patient Yes      No  
     

Name: \_\_\_\_\_

Dated: \_\_\_\_\_

Student's Signatures: \_\_\_\_\_

Place: \_\_\_\_\_

**I hereby declare that the above details are true and correct to the best of my knowledge and belief.**

Father's/ Guardian's Name and Signatures:

Name: \_\_\_\_\_

Dated : \_\_\_\_\_

Signature: \_\_\_\_\_

Place : \_\_\_\_\_

Home Address with Phone Number:

\_\_\_\_\_  
\_\_\_\_\_