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| Self-Examination by Staff/ Visitors/ GuestsTo prevent the spread of COVID 19 |
| **S. No.** | **Instructions** | **Answers** |
| **Yes** | **No** |
| 1 | Do you have ﬂu like symptoms (Cold, Cough, and Fever etc.)? |  |  |
| 2 | Does anyone in your home have ﬂu like symptoms? |  |  |
| 3 | Do you have hand gloves? |  |  |
| 4 | Are you in habit of touching your face and eyes? |  |  |
| 5 | Do you have a protective mask? |  |  |
| 6 | Do you wash your hands with soap? |  |  |
| 7 | Do you sanitize your hands before entering the campus and then again before entering your respective office? |  |  |
| 8 | Do you disinfect your work-station every two hours? |  |  |
| 9 |  Do you touch anyone else's work-station or belongings? |  |  |
| 10 | Do you know the helpline number of the facility in case you require any information regarding COVID 19? |  |  |

Date Sign.

Name: