

## Covid-19 Self-Declaration Form

Index No. ....

I, the undersigned declare and disclose the following facts;

- I, ....., a resident of ....., have been infected with the Covid-19 Virus. **(Yes/No)**  
**If Yes**, I underwent treatment for the corona virus from ..... to ..... and I completed my period of quarantine from ..... to ..... at .....
  
- My family, relatives, or people with whom I have associated have been infected with the Covid-19 Virus **(Yes/No)**  
**If Yes**, they have undergone treatment for the corona virus from ..... to ..... and they have completed their period of quarantine from ..... to ..... at .....
  
- I, from 15<sup>th</sup> July 2020, have gone abroad or have returned from ..... on or after 15<sup>th</sup> July 2020. **(Yes/No)**  
**If Yes**, I have undergone a quarantine period from ..... to ..... at .....
  
- I have the symptoms of coughing, sneezing, fever, sore throat or any other related symptoms of Covid-19 (Yes/No)

**I, the undersigned, hereby declare and confirm the accuracy and truthfulness of the facts that I have herein disclosed or mentioned; if any of the facts disclosed herein shall become false or inaccurate, I accept to be prosecuted and punished under the quarantine rules and regulations of Sri Lanka.**

**Signature:** .....

**Date:**

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