

Undertaking / Affidavit COVID-19

COVID-19 Affidavit and Release of Liability

In our efforts to ensure the safety and wellness of our students and staff (administrative / teaching), we want to ensure that those who visit ISP Multan Campus (both students and staff) understand the importance of being healthy and safe while they come to learn/serve.

It must be understood that the symptoms of COVID-19 can vary from being mild to severe and may include fever, cough, fatigue, shortness of breath, and digestive symptoms (diarrhea or loss of appetite). Symptoms may appear 2-14 days after exposure. Persons at greater risk include (but not limited to) those over the age of 62 or those who have underlying health issues (heart disease, diabetes, respiratory issues, smokers, cancer, or weakened immune system from other underlying causes not listed here).

By signing below, I agree to the following:

1. I am not suffering from any kind of disease/illness that is symptomatic towards COVID-19.
2. I have not experienced any symptoms of illness including fever, cough, fatigue, shortness of breath, diarrhea, or unexplained loss of appetite in the last 14 days.
3. No one in my immediate household has experienced any of the above symptoms or has been ill in the last 14 days.
4. I have not knowingly been exposed to anyone diagnosed neither with the COVID-19 virus nor currently under quarantine for the virus in the last 14 days.
5. I have not traveled outside of Pakistan in the last 14 days.
6. **If I should begin to feel ill while studying /serving or observe any symptom of COVID-19, I shall intimate the management and immediately proceed with PCR COVID-19. If diagnosed, I will notify management so specific and immediate steps should be taken to quarantine others that may have been exposed prior to that diagnosis.**
7. I release and hold harmless the Institute of Southern Punjab Multan (and its employees,) of any and all liability if I should develop COVID-19 as I continue to learn / serve.
8. I shall observe the SOP's and precautionary measures all the time while being on campus.
9. **I will carry at least two masks all the time , one to wear throughout being on campus and one as a backup.**
10. **I will keep hand sanitizer with me and will use it throughout my day to avoid spread of virus.**

Student Name: _____

Signature: _____

Registration No. _____

CNIC#: _____

Date: _____