



DHA SUFFA UNIVERSITY

DG 78, Off Khayaban-e-Tufail, Phase-VII (Extension), DHA, Karachi-75500

Ph: 021-35244853-54

Consent/Health Declaration Form to Rejoin the DHA Suffa University

Dear Students,

As per government directives, DHA Suffa University will be re-opening shortly. We understand that many students / parents have valid concerns about returning to University at this point in time. Hence in order to plan effectively, we would like you to tick the relevant option and submit this form by 15th September 2020. We will take your preference into account while planning.

I am not willing to return to the DHA Suffa University i.e. to prefer the Online Classes only.

I am willing to return to the DHA Suffa University for face to face classes.

1. I _____ S/O / D/O _____ hereby state that :

- a. I will be solely responsible for any acquired infection or other illnesses despite DSU's best practices.
- b. I will follow the proper COVID-19 SOPs which the University will implement strictly.
- c. In the past 14 days, I did not present any signs/symptoms of COVID-19 infection (i.e.: the most frequent symptoms: fever, fatigue, dry cough; other symptoms that may be present: headache, nasal congestion, throat pain, diarrhea, etc.).
- d. No relatives of mine (children, parents, grandparents, brothers, sisters, uncles, aunts, nephews, cousins, and spouse) or any other person with whom I live or with whom I have come into contact in the past 14 days have presented with COVID-19 infection.

Student Signature

Name:

Student ID:

Parent/Guardian Signature

Name:

CNIC:

Date