

## Coronavirus Self Declaration Form

For the health and safety of our community, declaration of illness is required. Be sure that the information you give is accurate and complete. Please get immediate medical attention if you have any of the COVID-19 signs.

First name	Last name
Have you travelled abroad during the last 14 days?	
YES	NO
Have you been in contact with people being infected, suspected or diagnosed with COVID-19?	
YES	NO
Your relationship with these people and your last contact date with them	
Are you currently experiencing symptoms (cough, shortness of breath, fever)	
YES	NO
Has the person washed his/her hands or used antiseptic before entering the bus?	
YES	NO (please ask her/him to do)
I hereby declare that the details above are true and correct to the best of my knowledge and belief, and I undertake the responsibility to inform you of any changes therein, immediately.	
Parent/Guardian name	
	Date
Relationship	

The Divas on Wheels Team thank you for your cooperation.