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| **C:\Users\Store\Desktop\images (1).jpg NEW INDIAN MODEL SCHOOL- SHARJAH**Health data update (Kindly note that these details will be maintained confidentially)  |
| 1. **Personal Details**
2. Your Ward’s Name: …………………………………………..
3. Class & Div: …………………………………………………
4. Computer No. : ………………………………………….
5. Parent’s contact No.: ………………………………………………..
6. Email ID: ……………………………………………………..
7. Whether the student is in home quarantine?
8. Yes
9. No

 (If YES, kindly specify the details with end date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) 1. Whether the student or anyone in your household currently infected with COVID-19?
2. Yes
3. No

 (If YES, kindly mention the date of being COVID 19-Positive:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)1. Whether the student experiences any symptoms of COVID 19?
	* 1. Yes
		2. No

 (If YES kindly specify the details with date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  |