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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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |