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POORNIMA GROUP

Achieving Excellence Together

COVID-19 Pandemic Campus Resuming Consent Form (For Faculty & Staff Members Only)

1. I _____, knowingly and willingly consent to resume duties during the COVID-19 pandemic.
2. I confirm that I am neither under quarantine nor I am residing in any containment zone.
3. I understand that COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not, given the current limits in virus testing.
4. If I am an asymptomatic carrier or an undiagnosed patient with COVID-19, I suspect it may endanger my fellow faculty & staff members. It is my responsibility to take appropriate precautions and to follow the protocols prescribed by GOI, GOR, ICMR and WHO from time to time. I am also aware that I shall have an updated version of Aarogya Setu app downloaded and running in my mobile phone.
5. I am aware that I may get an infection from anybody, and I will take every precaution to prevent this from happening, but I will not at all hold the Management of Poornima Group and my fellow faculty & staff members accountable if such infection occurs to me.
6. I confirm that I am not presenting any of the following symptoms of COVID-19 listed below:
 - a) Fever
 - b) Shortness of Breath
 - c) Loss of Sense of Taste or Smell
 - d) Dry Cough
 - e) Runny Nose
 - f) Sore Throat
7. I understand that if I present any of the above symptoms later, I shall immediately consult a doctor and shall inform to the office of registrar about the same.
8. I verify that I have not travelled outside of India and domestically by commercial airline, bus or train within the past 21 days.
9. I understand that I will keep my healthcare policy alive for COVID-19 related emergencies. I also fully understand that I have to keep myself safe and healthy, to follow mask wearing, social distancing and hand sanitizing; and cannot held other responsible for my unwell.
10. I verify that information I have provided in this form is truthful and accurate.

Name & Signature _____ Employee ID: _____ Designation: _____

Department: _____ Campus: _____ Date: _____