

SRI KAYANGAN MONTESSORI UG1-25, Radia Commercial, Persiaran Arked, Bukit Jelutong, 40150 Shah Alam, Selangor D. E. Tel : 03-78316190 | admin@srikayangan.com | www.srikayangan.com

SKM Covid19 Health Declaration Form

In the interests of the safety of people attending physically Sri Kayangan Montessori, their families and the community, we ask that you complete the following questionnaire / self-declaration.

Your cooperation and support are essential for the school to run smoothly. You or your child will be denied entry if answer 'No' to any of the following questions or are in breach of any of these guidelines at the school.

Questions / Declaration	Yes	Νο
1. You have not travelled overseas within the last 14 days;		
2. You, your child attending the school or any other immediate member of the family or people living within the same household or working closely with the family are not having nor showing signs and symptoms of COVID-19 (fever; flu like symptoms such as coughing, sore throat or headaches; or have difficulty breathing) nor has been in isolation in the last 14 days;		
3. You, your child attending the school or any other immediate member of the family or people living within the same household or working closely with the family have not had close or casual contact* with a person who has been confirmed with COVID-19		
4. You, your child attending the school or any other immediate member of the family or people living within the same household or working closely with the family will abide by the standard operating procedures issued by the school in respect of Covid19.		

* Casual contact is having been face-to-face for less than 15 minutes, or in the same closed space for less than two hours, with someone who has been diagnosed with COVID-19 when that person was infectious. Close contact is having been face-to-face for at least 15 minutes or been in the same closed space for at least two hours, with someone who has been diagnosed with COVID-19 when that person was infectious. [ACT Health, COVID-19 Information Sheet].

I confirm that I have responded to the questions above truthfully on my and my child's current condition and I commit to advising the school if this situation changes or if I am in breach of any of the above guidelines.

Student Name:	Parent(s) Names:
Class:	
Signature:	Signatures:
Date :	Date :