श्री चित्रा तिरुनाल आयुर्विज्ञान और प्रौद्योगिकी संस्थान, त्रिवेंद्रम, तिरुवनन्तपुरम - 695 011, केरल, भारत
SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY, TRIVANDRUM
THIRUVANANTHAPURAM - 695 011, KERALA, INDIA
(एक राष्ट्रीय महत्व का संस्थान, विज्ञान और प्रौद्योगिकी विभाग, भारत सरकार)
(An Institution of National Importance, Department of Science and Technology, Government of India)
टेलीफॉन नं./Telephone No.: 0471-2443152 फैक्स/Fax: 0471-2446433, 2550728
ई-मेल/E-mail: sct@sctimst.ac.in वेबसाइट/Website: www.sctimst.ac.in

DST@ 1971-2021 DEPARTMENT OF SCIENCE & TECHNOLOGY

SCREENING OF NEW COVID-19
(To be submitted to COVID Cell of SCTIMST)

Name	:				
Address	:				
Mobile phone	:				
Home phone	:				
E-mail	:				
Address type	:	□ House	□ Flat		
Family Type	:	□ Nuclear family	□ Joint family	□ Extended family	□ Others

Tick (if you have a history of ……. during last 14 days (tick as many as apply)

□	Contact with known COVID - 19 positive person
□	Overseas travel / Contact with anyone returned from overseas
□	Travel to any of these states or areas Delhi, Bhilwara, Mumbai, Pune, Ahmedabad, Kasaragod, Pathanamthitta, Noida, Maharashtra, Tamilnadu, Rajasthan, Gujarat, Madhya Pradesh
□	Any family member returned from overseas
□	Symptoms of COVID - 19
□	Travel to COVID - 19 hotspots
If yes, give details:	

[Furnishing false information or withholding vital information is an offence and will be dealt with accordingly]

History of travel outside Kerala?			□ Yes	□ No
If yes	Country:	State:		
	City / region:	Date of travel:		
Details of return journey to Kerala:				
Arrival date	:			
Do you have any of these? (Tick as many as apply)				
□Arthralgia	□Cough	□Conjuctivitis	□Diarrhea	
□Fatigue	□Fever	□Chills or rigors	□Headache	
□Malaise	□Myalgia	□Nausea	□Pneumonia	
□Pneumonitis	□Rhinorrhea	□Shortness of breath	□Sore throat	
□Vomiting				
Other symptoms?				
If yes, specify symptoms:				
Any immune compromised conditions?			□ Yes	□ No
Are you pregnant?			□ Yes	□ No
If yes, number of weeks gestation			(in weeks)	
Are you a breastfeeding mother?			□ Yes	□ No
If yes, age of child in months			(in months)	
Did you visit any of the following venues or locations during last 14 days? Doctor's rooms/ clinic / hospitals / Schools /colleges/ universities / Transport (plane / train / bus / ship) / concert venue /movie theatre / conference / other public venue / gathering / public functions			□ Yes	□ No
If yes, give details	:			
[Furnishing false information or withholding vital information is an offence and will be dealt with accordingly]				