



## Student Health Declaration

\_\_\_\_ / \_\_\_\_ / 2020  
(insert date)

I, (insert name) ----- of

(insert address) ----- ,

(insert contact number) ----- ,

confirm that I am a current student of Academia International/Academia Australia and make the following declaration:

1. I have not returned from any international travel within the past 14 days,
2. I have not had any contact with anyone who has a confirmed case of COVID-19,
3. I have not been diagnosed as currently having COVID-19
4. I do not have any 'influenza like' or respiratory symptoms, and
5. I commit to following the Facilities' site infection control policies and procedures during the employment /placement.

Sincerely

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(student signature)