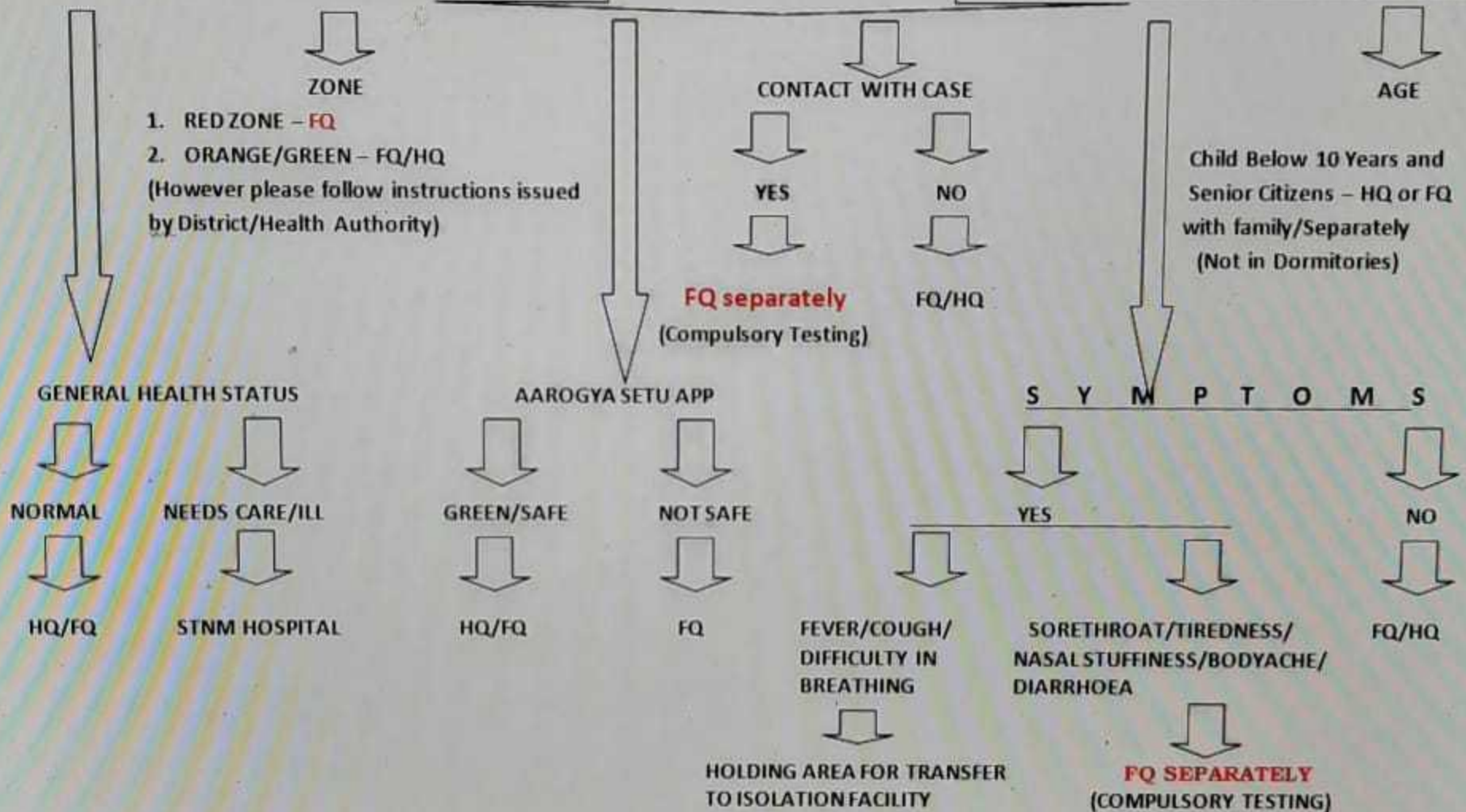


HEALTH SCREENING/STATUS EVALUATION



NOTE:

- DOCTOR MUST MENTION DATE & TIME OF SCREENING AND WRITE HIS/HER NAME IN THE FORM FILLED BY HIM/HER.
- OPTION OF HOME QUARANTINE (HQ) WILL BE ONLY AVAILABLE IF ALLOWED BY DISTRICT ADMINISTRATION/HEALTH AUTHORITY. OTHERWISE FACILITY QUARANTINE (FQ) WILL BE THE NORM. FURTHER WHEN OPTION OF HQ IS AVAILABLE, THE DECISION WILL BE BASED ON CONSIDERING ALL FACTORS ABOVE.
- ALL DOCTORS/STAFFS ENTERING SCREENING CENTRE WILL COMPULSORILY SIGN ATTENDENCE AT ENTRY & EXIT FROM DUTY DULY MENTIONING TIME OF REPORTING/EXIT.