

**Consolidated form for Health and Hygiene and availability of
Media facilities**

Consolidated details of General Health and Hygiene of persons living together in single house collected for safety reasons.				
Name of the Student/Teacher / Employee			Class:	Section:
Name	Relationship	Age	Sex	Details of illness, if not well.
1. Anyone in your family affected by Covid 19 ? Yes/ No				
2. If any member of your family is suffering from illness, it should be informed to the school immediately.				

It is certified that the above information given by me is true to my knowledge. I am aware that all the information given by me is for the welfare of the public and family.

A. The following media facilities in our house to be used by our child for learning from home apart from school.

1. Laptop with internet facility
2. Television
3. Smart Phone
4. We have no media facility in our house.

Signature of Parent/ Guardian