

**Dr. Mahalingam College of Engineering and Technology  
Pollachi-642003**

Date :

**COVID-19 Student's Consent Form**

The COVID-19 is a disease that includes many symptoms such as fever, cough, shortness of breath, nausea, and can lead even to death. This disease is contagious and means that contact with others, even those who are asymptomatic, or contact with surfaces that have been exposed to the virus, can lead to infection. Aware of this critical situation, I acknowledge and agree to the following precaution measures to enter the Dr.Mahalaingam College of Engineering and Technology, Pollachi.

The college is dedicated to provide a safe campus to all faculty members, students and visitors. Hereby I undertake that,

1. I understand the college has given guidelines and protocols in order to mitigate the spread of COVID-19. I have read and agree to abide by the college's COVID -19 guidelines.
2. I hereby authorize and give permission for faculty members to ask common questions related to COVID-19 symptoms and take necessary steps in reporting any concerns if necessary.
3. I will cooperate for health monitoring and sanitization procedures like temperature scanning, oxygen level measurements and hand wash/ alcohol hand sanitization followed in the college.
4. I will immediately inform my respective HoD/ Class Coordinator/ Hostel authorities in case of any symptoms such as cold, cough, fever, headache and any symptoms relating COVID 19 for me.
5. During the college working days, if there is a need to avail leave, I will submit the reason for the leave and the place of visit to concern department HoD/ Class coordinator/Hostel authorities. After availing leave, I will submit the detailed travel history to HoD/ Class coordinator/Hostel authorities.

**I have read this form before signing it and agree to follow the SOP protocols mentioned by the college.**

Signature :

Name of the student :

Roll No :

Class :

**PC**

**HoD**