COVID-19 QUESTIONNAIRE

Name	
Date of Birth	DD MM YYYY

	YES	NO
1. Have you ever been in contact with anyone who suffers or has been diagnosed with novel coronavirus?	☐	☐
2. Have you ever been quarantined or asked to stay at home? If yes, what was the reason and for how long?	☐	☐
3. What is your current body temperature?		
4. Have you experienced any of the following symptoms within the last 14 days: + Any fever + moderate to severe Cough + feeling breathless + difficulty in breathing + Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhea + Rhinorrhea (mucus discharge from the nose) + Sore throat + Malaise (flu-like tiredness) + weakness + persistent pain and pressure in chest + loss of taste If yes, to any of these, please indicate which and provide full information.	☐	☐
5. Are you suffering from any other medical condition that requires treatment or follow ups?	☐	☐
6. Can you advise on the countries visited during the last 30 days?	☐	☐
7. Can you advise on the countries you are planning to visit in the upcoming 30 days?	☐	☐
8. Are you currently in good health and able to perform all your daily tasks without any discomfort? DETAILS:	☐	☐

I, the undersigned, declare to the best of your knowledge that the above declaration is correct and true. It will form part of my insurance application. Failing to disclose any info, will cause my policy to be void and cancelled.

I also agree and understand that any claim related to Covid-19 virus (or SARS – COV 2) that occur within a period of 45 days from the policy inception shall not be covered under this policy.

Date		Place	
Signature			

FT/Q/COVID19

SALAMA – Islamic Arab Insurance Co. (PJC)
Family Takaful Division
P.O. Box 10214, Dubai, UAE

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