



**COVID-19 SYMPTOMS CARD FOR ENTRY TO SAT TEST
AFFIDAVIT**

Ministry Resolution N° 972-2020-MINSA

Name of parent or guardian: _____

DNI: _____

Parent or guardian cell phone: _____

Name of student: _____

In the last 14 calendar days has your child presented with one or more of the following symptoms?

Symptoms	Yes	No
Rise in temperature, fever or chills		
Sore throat or coughing		
Sneezing or nasal congestion		
Breathing difficulties or shortness of breath		
Yellow or greenish phlegm		
Aches and pains in muscles or joints		
Headaches		
Fatigue or general tiredness		
Loss of taste or smell		
Diarrhoea		



Contact with a confirmed case of COVID-19		
Contact with a possible case of COVID-19		
Are you taking any medication? Please specify:		

All the information expressed herein represents a sworn declaration or affidavit by the parent or guardian. By completing this form I understand that omitting or misrepresenting information could damage the health of others and mine. This would constitute a serious offense to public health, and I accept the responsibilities that this entails. I understand the risks to which we are exposed due to the current situation and accept the corresponding responsibilities.

Signature of parent or guardian

Date: _____