

## AFFIDAVIT

I, \_\_\_\_\_ S/D/O \_\_\_\_\_  
having Employee Code No. \_\_\_\_\_ have been working in the department  
of \_\_\_\_\_ attest to the following:

- a) I have had no fever for the last 72 hours and am not taking medication to reduce fever during this time
- b) I am working at Rashid Latif Medical Complex and have joined my duties during this COVID-19 pandemic on my own will and I am following all SOP's for prevention of COVID-19.
- c) I am myself responsible for my health and well being and there is no liability on my institution i.e. Rashid Latif Medical Complex.

I hereby declare that the above contents are true to the best of my knowledge and belief and nothing has been concealed.

DEPONENT

NAME: \_\_\_\_\_

CNIC NO: \_\_\_\_\_