FAMILY DECLARATION LETTER - COVID 19



PRIVATE & CONFIDENTIAL

Parent Name:	Family Name:
Phone No:	E-Mail

Names of Children and year their year group:

Child 1	Year	Child 3	Year
Child 2	Year	Child 4	Year

Have you / your children been tested for Covid - 19 ? Write the names of those tested here:	YES Date:	NO
Are you or anyone in your family displaying symptoms of Covid 19? The isolation period is 14 days in the UAE. If YES, your family must not attend Star Club and contact the DHA hotline: 800342. If you or any of your family have new symptoms after your child has attended Star Club, you must let us know as soon as possible by calling 0585 190268 so that we can take the appropriate action.	YES	NO
 Do you or any of your children fall into the clinically vulnerable groups ? Above 60 Pregnant Serious heart conditions such as ischemic heart disease Diabetes Mellitus Uncontrolled hypertension Chronic lung / respiratory disease including moderate to severe asthma Chronic kidney disease and renal failure Chronic liver disease Cancer patients who are still undergoing treatment Use of biologics or immunosuppressive medications History of transplant People of any age with severe obesity (BMI [Body mass index] above 40) Any health issues that may compromise immunity People of determination or with a disability 	YES If you have answered YES, your children will not be admitted to Star Club to protect the vulnerable person in your family.	NO

Do you for-see any other reason that your child should not attend Star Club ? If yes, please provide information here:	YES	NO
Have you or anyone in your family travelled outside of UAE within the last 14 days ? If YES, you will need to either isolate for 14 days OR provide a negative PCR test report before admission to Star Club.	YES Date: Location:	NO
I agree to adhere to the Star Club Safety Bubble rules and regulations in order to keep my family, other families and staff at Star Club safe.	YES	NO
<i>Please ensure you have read the rules and regulations before signing this form.</i>		
I agree that all the information given above is accurate.	YES	NO

Please note that admission to Star Club will be refused if this form has not been completed.

Name in full:	
Signature:	
Date	

Revision: July 2020