



Steel Authority of India Limited

Salem Steel Plant, Salem

COVID-19: SELF REPORTING FORM

All persons coming to Salem Steel Plant Township falling under the below categories who themselves or their family members have arrived from 2019-NCOV affected Countries/Cities are required to fill-up this proforma.

You are requested to provide the following information to safeguard your own health.

(SSP employees/ ex-employees staying in SSP Township and immediate vicinity/
CISF-SSP Unit personnel/contract labour working in SSP and other residents of SSP Township)

(To be submitted over e-mail to Medical department, Salem Steel Plant at ssphospital@gmail.com)

Category of the declarant: (Tick the applicable option)

<ul style="list-style-type: none">• SSP Employee• SAIL Ex-employee staying in SSP Township• SAIL Ex-employee staying in near vicinity of SSP Township	<ul style="list-style-type: none">• CISF-SSP Unit personnel• Contract Labour at SSP• Other residents of SSP Township
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Personal Information of the passenger: (MANDATORY)

1	Name of the passenger	
2	Flight/Train/Bus No.	
3	Seat No.	
4	Passport/Ticket No.	
5	Date of Arrival	
6	Origin of Journey	
7	Final destination	

Contact Address of the passenger: (MANDATORY)

1	House Number	
2	Street/ Village	
3	Taluk	
4	District/City	
5	State	
6	Pin	
7	Residence Number	
8	Mobile Number	
9	E mail ID	

(PART-A)

FAMILY MEMBERS: (Details: Name, Age, Relation)

1. _____
2. _____
3. _____
4. _____
5. _____

Whether any of the above family members is an employee of SSP, If yes provide the employee details

Details w.r.t. the passenger:

Public places where you have moved around upon return to Salem

- 1)
- 2)
- 3)

I) During your travel what all cities did you visit? _____

II) Have you visited Covid-19 affected cities in last 14 days? Yes/ No

If yes, period and duration _____

During your visit, did you visit any seafood market? Yes /No

a. Are you suffering from any of the following symptoms**

- | | | |
|------------------------|-----|----|
| ● Fever | Yes | No |
| ● Cough | Yes | No |
| ● Respiratory distress | Yes | No |
| ● Sore Throat | Yes | No |
| ● Runny Nose | Yes | No |

Signature of the declarant

(Name & Relationship with the passenger)

HELP LINE NUMBERS

DDHS (District Director of Health Services) : 104

0427-2450-022/023/498

COLLECTORATE : 1077

SSP Hospital : 0427-2382333, 9442623008, 9345912809

**If answer to any of the above questions is "yes", please present yourself to the Health Department for preliminary screening.

In case you develop symptoms such as fever and cough within 28 days of arrival, restrict your outdoor movement and approach Health Department.

