

COVID-19 Undertaking Letter

The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person-to-person through respiratory droplets, the government has set recommendations, guidelines, and some prohibitions with which the Center must comply. These may be revised by the government from time to time (the “**COVID-19 Regulations**”).

Medical fitness: I acknowledge and confirm the following:

- I have not experienced symptoms of fever, fatigue, difficulty in breathing, or dry cough or exhibited any other symptoms relating to COVID-19 within the last 14 days.
- I have not, nor have any member(s) of my household, traveled outside of the UAE within the past 30 days or if I or any member(s) of my household have travelled, I confirm that the persons travelling have since received a negative Covid-19 test result.
- I have not been, nor have any member(s) of my household, been diagnosed to be infected of COVID-19 virus within the last 30 days.
- To the best of my knowledge, I do not have any of the defined ‘chronic illnesses’ which considers me as a ‘high risk’ individual. These include but are not limited to; cancer, chronic kidney disease, serious heart conditions, chronic liver disease, chronic lung/respiratory disease or any or any other condition that may affect my immunity.

Undertaking to comply with the COVID-19 safety measures:

- I agree to: (i) immediately report to the Centers clinic if any of the above medical fitness statements become no longer true; (ii) stay at home if I develop symptoms of COVID-19 and seek medical assistance if required; and (iii) comply with all additional health and safety policies implemented by the School in order to mitigate the COVID-19 risk, which may include, but not be limited to, completion of travel declaration forms (items (i)(ii) and (iii) above, the “**Centers COVID-19 Measures**”).
- I acknowledge that the COVID-19 Regulations and Centers COVID-19 Measures may be revised from time-to-time and agree that I will comply with all of such COVID-19 Regulations and Centers COVID-19 Measures.
- I acknowledge and agree that if I fail to comply with the COVID-19 Regulations or the School COVID-19 Measures, this will result in my ability to be physically present on the Center premises being restricted or prevented. If I am an employee of the Center, I understand that failure to comply may be grounds for disciplinary action or termination of employment.
- In addition, I understand that if I do not follow the COVID-19 Regulations or the Centers COVID-19 Measures, I will not hold the Center or its affiliates or their respective

- employees, directors or officers responsible for any costs and damages: (i) resulting from my failure to follow the COVID-19 Regulations or the Center COVID-19 Measures; or (ii) if I contract COVID-19, unless this can be evidenced to be caused by the Centers failure to comply with the COVID-19 Regulations.

By submitting below, as an employee, student or parent, I acknowledge that I have read the above and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent (or if the student is under eighteen (18), I am a parent or legal guardian of such student); That I am aware of the risks involved and give my voluntary consent in signing it as my own free act and deed; with full intention to be bound by the same, and free from any inducement or representation.

Do you acknowledge?

- Yes, I acknowledge
- No, I do not acknowledge
- No, I do not acknowledge since I am high risk individual

Child's Name:

Parent Name & Parent Signature:

Date signed:

Employee Name & Employee Signature:

Date signed: