Sriram Institute of Marine Studies

Approved by the Directorate General of Ports, Shipping Waterways, Govt. of India. Affiliated to Indian Maritime University Chennai (A central University of Govt. of India) ISO 9001:2015 Certified by Ms/S Indian Register of Shipping

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|  |

**SIMS/ISO/INHOUSE/ SRM 01 Date : \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Permission for admission in in Isolation room- Student/ staff-**

**This has been reported by the student/ Duty staff Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_**

**Time of reporting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date and Day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_that the below mentioned person has been/ reported the following symptoms and details:**

**Name of person to be isolated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ward No :\_\_\_\_\_\_\_\_ Floor :\_\_\_\_\_\_\_\_\_\_\_\_Old/New Hostel:\_\_\_\_\_\_\_\_\_\_**

**The symptoms observed/stated by person seeking isolation:**

|  |  |  |  |
| --- | --- | --- | --- |
| SNo | Description | Level | Since from |
| {a} | Cough | Severe/Normal/least |  |
| {b} | Cold | Severe/Normal/least |  |
| {c} | Body pain {ache} | Severe/Normal/least |  |
| {d} | Temperature | Severe/Normal/least |  |
| {e} | Breathing trouble | Severe/Normal/least |  |
| {f} | Any other, |  |  |

**This is to state that the following human parameter checked before recommending for isolation:**

|  |  |  |  |
| --- | --- | --- | --- |
| SNo. | Description | Actual Value | Present value |
| {a} | Temperature |  |  |
|  | Oxygen level |  |  |
|  | Pulse beat |  |  |
|  | Additional if any |  |  |

This is to state that the person has visited/ not visited doctor for the reason Yes/ No {if answer is no, request person to brief/write} : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Forwarded to HOI through Course in charge for permission:**

Time, Date, name and signature with date of person recommending Isolation : \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remarks/ permission/ recommendation by HOI and forward to Executive Director : \_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and time: Signature