

UNDERTAKING FORM (For On duty, Post duty, Covid exposure and for quarantine purposes)

- **All HCWs are advised to go back to their personal accommodation as far as possible**
- For those unable to do so, we will try to provide accommodation subject to availability
- For allotment of accommodation, the **Accommodation Request Form** along with **Undertaking** must be signed by the duty personnel and countersigned by the supervising faculty [**Electronic approval is acceptable**]
- Due to resource constraint setting, accommodation can only be allotted to those individuals on active COVID positive duty (not back up staff)
- Please bring all items of your personal daily needs for the duration of duty and quarantine
- Accommodation will be given for on-duty period of 7 days only. Post duty off/ self-monitoring period will be at home
- In case you have been taking care of a Covid positive patient, and cannot self-isolate at home, we will try to provide accommodation for the post duty period for 7 days.
- In case of breach in PPE with high risk exposure, quarantine is for 14 days, and HCW is tested on day 12.

- Get form from PGIMER website → Fill → send by **WhatsApp to the concerned faculty for** e-approval
- Staff posted in Nehru Hospital are to deposit the form in the Office, Dept of Hepatology,NHE
- Allotment will be automatically done and you should check in on the day of duty after 12:00 noon

UNDERTAKING

(To be filled in at the time of application for PGI accommodation during COVID-19 positive duty)

- ✓ I certify that I am directly taking care of COVID-19 confirmed cases
- ✓ I certify that I do not have an independent room at my home where I can safely isolate myself without jeopardising the safety of my family members
- ✓ I am aware of the following rules that I am to follow during my stay at my designated accommodation:

- **Not to come out of room except for going to and back from duty**
- **Not to have any visitor or friend / visit common areas**
- **Not to misuse any facility**
- **Will be provided with main meals (breakfast, lunch and dinner) at fixed timings.**
- **One bed with linen, toilet facility and 3 litres of mineral water per day+ ad lib filtered water.**
- **Food will be provided outside the room on a table**
- **No cleaning staff will be provided for daily room maintenance for safety concerns**
- **Follow local rules so that others safety is not jeopardized**

Name _____

Signature _____

Date and Place _____

12.05.2020

**Accommodation form for HCWs on Covid Care duty (Nehru Hospital/
APC/ATC/AEC/Others)**

Duty period from _____ to _____

Accommodation allocated from _____ to _____

If post duty accommodation is given, period from _____ to _____

Tick whichever you
require: More than one
is permissible

Name:	Age	Gender			
Contact details (Address)					
Tel No					
Designation			Department		
Category			Faculty /SR/JR / Nurse / Technician		
Area of posting: Covid suspect area(SARI Ward/ ATC 203/ APC/ AEC/Others)					
Date of start of duty		Date of end of duty		Shift timing	
Type of accommodation already present:		Hostel		Home	

NHE Staff: Send by WhatsApp to Dr. Sahoo on 8872727744
Nehru Hospital Staff: Send by WhatsApp to Dr. Madhumita on 9540951061
APC/ACC Staff: Send by WhatsApp to Dr. Bhavneet on 9914208327
AEC staff: Send by WhatsApp to Dr. Usha Dutta on 8198877022

Key contact details:

Transport	Dr. Tulika Gupta (9815610227)
Parkview issues	Dr. Tulika Gupta (9815610227)
Pvt. Room issues:	Dr. Shweta Talati (9417276931)
NHE issues:	Dr. Swapnajeet Sahoo (8872727744)
Nehru Hospital staff accommodation	Dr. Madhumita Premkumar (9540951061)
COVID testing	Dr. Lakshmi (9872628236)/ Dr. Sugandhi (9897740325)
Any other issues	Dr. Usha Dutta (8198877022)

For office use only

Accommodation for COVID duty assigned Yes No

Site: Private Ward/Parkview Room Number _____ Signature _____