

### Visitor - Self declaration

I hereby declare the following (Tick relevant boxes):

- I am not under 14-day compulsory quarantine of any nature or stay-at-home order from Government health authorities.
- I have not been in contact with any person suspected to be exposed to coronavirus.
- I am not having cold, fever, shortness of breath or have flu-like symptoms.
- In an unfortunate event of contracting COVID-19 in the days after exams, I shall inform the exam agency without fail.

#### Vaccine Information:

Vaccine COVID-19 (SARS-CoV-2):       Yes       No

I have received  1st dose of vaccine on ..... (dd/mm/yy)

2nd dose of vaccine on ..... (dd/mm/yy)

None of the above, because .....

- I have read, understood and agree fully to the directions to be followed while in the examination centre (refer to the "Information for Candidates" sent by email).

\_\_\_\_\_  
Name, Surname

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Mobile number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact Name & Mobile number

\_\_\_\_\_  
Participant No.