

**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)

- ☐ 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

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

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

\_\_\_\_\_  
Signature, Date

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

\_\_\_\_\_  
Temperature of the candidate