## Self-Declaration Form

For the health and safety of our community, declaration of illness is required. Be sure that the information you'll give is accurate and complete.

Name of the Candidate:
Reg No:
Examination Date
Examination Time
Examination Centre
<ul> <li>I have not travelled to any foreign location in the year 2020.</li> <li>I am not being in contact with people being infected, suspected or diagnosed with COVID-19?</li> </ul>
I declare that I am not experiencing any of the below issues:
<ul> <li>Fever</li> <li>Cough</li> <li>Shortness of Breath</li> <li>Persistent Pain in the Chest</li> </ul>
I acknowledge that the information I've given is accurate and complete.
Date
Signature