

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 _____

- I have not travelled to any foreign location in the year 2020.
- I am not being in contact with people being infected, suspected or diagnosed with COVID-19?

I declare that I am not experiencing any of the below issues:

- Fever
- Cough
- Shortness of Breath
- Persistent Pain in the Chest

I acknowledge that the information I've given is accurate and complete.

Date _____

Signature _____