

## COVID-19 Declaration Form

Please fill in this form with the candidate's details:

<b>Centre details</b> IT427 – British School Campobasso Via Scardocchia, 16/C 86100 Campobasso	
<b>Your details</b> Full name:  Date of birth (DD/MM/YY):	
<b>Exam details</b> Which exam are you taking?  Date of exam:	
<b>Paper-based</b>	<b>Computer-based</b>
<b>Declaration</b> I am the candidate / I am the guardian of the candidate (please delete as appropriate). The statements below are regarding the candidate:  <input type="checkbox"/> I confirm that I do not have symptoms associated with COVID-19 (persistent cough / flu / fever / shortness of breath).  <input type="checkbox"/> I confirm I have not knowingly been in contact with any people with symptoms associated with COVID-19 (persistent cough / flu / fever / shortness of breath) for the past 14 days.  <input type="checkbox"/> I confirm I have not travelled from any countries with travel/self-isolation restrictions in the past 14 days.  I understand that my exam may be rebooked if I cannot confirm any of the statements above.	
<b>Signature</b>  <b>Date</b>	

**Any candidates unwilling to abide by social distancing and security measures, or any candidates with symptoms on the exam day will not be allowed into the exam.**