



COVID-19 Declaration Form

Centre details PT003 Knightsbridge Exam & Training Centre Rua Santa Catarina 895 – 4ºD, 4000-455, Porto Tel: 225096032 / 919329161			
Your details Full name: Date of birth (DD/MM/YY):			
Exam details Which exam are you taking? Exam Date: Exam Venue:			
Paper-based		Computer-based	
Declaration I am the candidate / I am the guardian of the candidate (please delete as appropriate). The statements below are regarding the candidate: <ul style="list-style-type: none">• I confirm that I do not have symptoms associated with COVID-19 (persistent cough / flu / fever / shortness of breath).• 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.• 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. NB: We cannot stop anyone doing the exam based on existing health issues that place them in the high-risk category, but we highly recommend anyone that falls into the high-risk categories abstains from sitting an exam until further notice.			
Signature Date			

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.