



Health Declaration Form - COVID-19
FIT examinations 2022

Important: You must fill and bring this form every day when you sit for the examination. It is compulsory to handover this form before starting the examination.

Name with Initials		FIT Registration number	
Exam Date:		Exam Time:	
Contact Tel. No.		Email	
Address			

I hereby certify, represent, and warrant as follows:

Within the twenty-one (21) days immediately preceding the date of this Health Declaration Form,

I HAVE NOT:

- a) tested positive or presumptively positive with the Coronavirus or been identified as a potential carrier of the COVID-19 virus or similar communicable illness (“Coronavirus”);
- b) experienced any symptoms commonly associated with the Coronavirus;
- c) been in any location positively designated as hazardous and/or potentially infected with the Coronavirus by recognized health or regulatory authority;
- d) been in direct contact with or the immediate vicinity of any person I knew and/or now know to be carrying the Coronavirus or has been identified as a potential carrier of the Coronavirus.

I AGREE to notify the e-Learning Centre (by exams@fit.bit.lk) of any change in status, including diagnosis with Coronavirus and/or quarantine, within the duration of the examination period.

I WILL consent to have my temperature taken by any UCSC staff member before or during the examinations and provide any follow-up information reasonably requested by UCSC staff members.

I ACKNOWLEDGE and ACCEPT that this Declaration will be considered as my consent to UCSC to disclose, share, record, and store this Declaration with any relevant authority to ensure the safety and security of any third parties that may come in contact with me prior, during, and after the examination.

Declaration: I hereby assure you that I am in good health condition and have not been exposed to any risky environment. I realized that it would be a punishable offence under the quarantine law if the information provided by me proved incorrect.

Signature of the Student		Date	
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