**DECLARATION FORM
for EXEMPTION FROM** **Fast & Easy Tests (FET) Rostered Routine Testing (RRT) Regimes for Workplaces**

**Section (1) to be completed by Client/Employee**

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| **CLIENT/EMPLOYEE’S PARTICULARS** |
| **Full Name** |  | **Contact No.** |  |
| **NRIC/FIN/Passport No.****(Last 4 digits e.g 123F)** |  |
| **Name and Address of Company** |  |
| **REASON FOR SEEKING EXEMPTION** |
| **I am seeking exemption from the FET-RRT Regime for Workplaces, due to (please tick accordingly):** **Contraindications\* [e.g. nose surgery in past 4 weeks, facial surgery *(that may affect the collection of nasal samples from the nostril)* in past 8 weeks]** **Date of last surgery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Disability (e.g. vision loss, physical impairment) or Special needs (e.g. autism)** **Other reasons (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I declare all the information provided by me is true and accurate.****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Signature & Name of Client/Employee Date**  |

**Section (2) to be completed by Employer (or Sector Lead for Freelancers/Self-Employed)**

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| **This Declaration Form is checked by:**  |
| **Full Name**  |  | **Contact No.** |  |
| **Name and Address of Company (if different from above)** |  | **Email add.** |  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Signature & Name of Employer Date** **Submitted to Sector Lead on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Note:**

* **Client/Employee will complete and submit the Declaration Form to Employer (or Sector Lead for Freelancers/Self-employed).**
* **Completed Declaration Form is to be kept as documentation.**