

State Examinations Commission



COVID-19 Declaration Form – Attendance at State Examinations

To help prevent the spread of COVID-19 at State Examinations, every Candidate must complete and sign this form and return it to the Examination Aide at the school on the day of each examination.

N.B. Every question must be answered.

Candidate Name: _____

Address: _____

Examinations Number _____

Please answer each Question by circling Yes or No

1. Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness, flu like symptoms or loss or change to your sense of smell or taste now or in the past 14 days? YES NO

2. Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days? YES NO

3. Are you a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days (i.e. less than 2 metres for more than 15 minutes altogether in 1 day)? YES NO

4. Have you been advised by a doctor to self-isolate at this time? YES NO

5. Have you been advised by a doctor to cocoon at this time? YES NO

6. Please provide details* below of any other circumstances relating to COVID-19, not included in the above, which may need to be considered to allow your safe participation in the written State Examinations.

Further information on people at higher risk from Coronavirus can be accessed at <https://www2.hse.ie/conditions/coronavirus/people-at-higher-risk.html>

* If you are unsure whether or not you are in an at-risk category, please check the information at the link above. If your situation changes after you complete and submit this form, please tell the superintendent at the school.

Signature: _____

Print Name: _____

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