**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)**

|  |  |  |  |
| --- | --- | --- | --- |
| **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.**