

# Exemption from FET-RRT Regime

## Client/Employee:

- To submit the Declaration Form to Employer to seek exemption from FET-RRT

## Employer:

- To check and approve the exemption on the Declaration Form
- To track the total count of the exemption cases and report to Sector Leads.

## Sector Lead:

- To track the total count of the exemption cases and report at Weekly Sector Leads' Meetings

Cases exempted from the FET RRT are listed below:

### **1. Exemption due to contraindication**

- Nasal Surgery
- Facial injury (*that may affect the collection of nasal samples from the nostril*)

### **2. Exemption due to special needs and disability**

- Special needs such as autism
- Disability such as vision loss, physical impairment

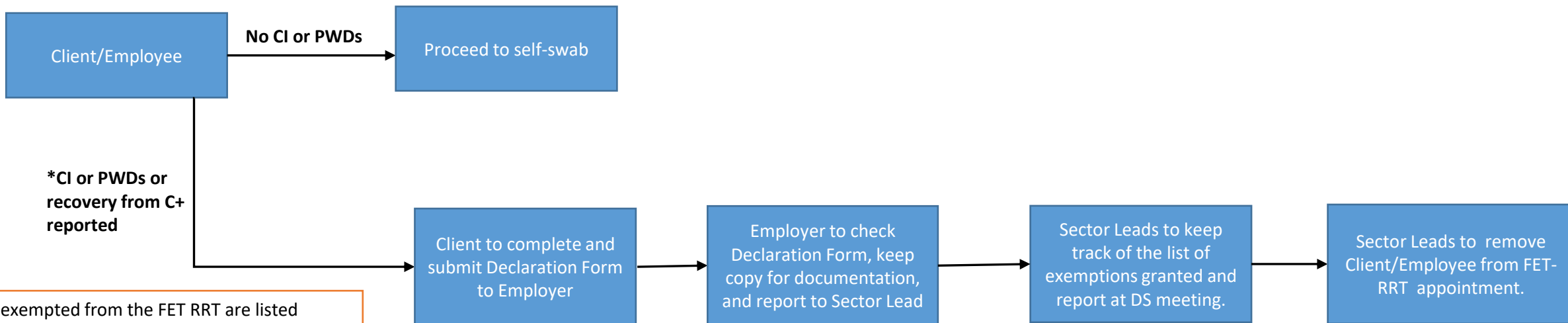
### **3. Exemption due to past infection from COVID-19**

- Employees recovered from a previous COVID-19 infection less than 270 days ago

## Supporting Documents:

1. Positive Covid-test record in HealthHub within 270 days (this should be the first C+ from the last episode of confirmed infection/re-infection, a C+ from persistent shedding will not be counted), or
2. Doctors' discharge memo

# Process Flow for Exemption from FET-RRT Regime for Persons with Contraindication, Disabilities and Persons recovered from COVID-19



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- 1. Exemption due to contraindication**
  - Nasal Surgery
  - Facial injury *(that may affect the collection of nasal samples from the nostril)*
- 2. Exemption due to special needs and disability**
  - Special needs such as autism
  - Disability such as vision loss, physical impairment
- 3. Exemption due to past infection from COVID-19**
  - Employees recovered from a previous COVID-19 infection less than 270 days ago

Supporting Documents:

1. Positive Covid-test record in HealthHub within 270 days (this should be the first C+ from the last episode of confirmed infection/re-infection, a C+ from persistent shedding will not be counted), or
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**DECLARATION FORM**  
FOR EXEMPTION FROM FAST & EASY TESTS (FET) ROSTERED ROUTINE TESTING (RRT) REGIMES FOR WORKPLACES

Section [1] to be completed by Client/Employee

CLIENT/EMPLOYEE'S PARTICULARS			
Full Name		Contact No.	
NRIC/FIN/Passport No. (Last 4 digits e.g. 123F)			
Name 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:

EMPLOYER'S PARTICULARS			
Full Name		Contact No.	
Name of Company (if different from above)		Email add.	

Signature & Name of Employer \_\_\_\_\_ Date \_\_\_\_\_

Submitted to Sector Lead on: \_\_\_\_\_

} Check by employer



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.