

Date _____ Test Location _____ Test Component _____

Name _____ Candidate ID _____

I declare the below by signing on this form:

- I am not under 14-day compulsory quarantine, stay-at-home order, medical surveillance or a self-quarantine order, as specified by the COUNTRY Government
- I have not been in contact with any person suspected to be exposed to coronavirus; or I do not have a cold, fever, are short of breath or have flu-like symptoms
- I agree to contact the test centre via email if I am diagnosed with COVID-19 within 14 days of the test.
- I agree the test centre can pass on my details to health authorities if required. After the emergency, the information in these forms will be deleted

Comments (if any of the above is not confirmed) _____

British Council complies with data protection law in the UK and laws in other countries that meet internationally accepted standards. You have the right to ask for a copy of the information we hold on you, and the right to ask us to correct any inaccuracies in that information. If you have concerns about how we have used your personal information, you also have the right to complain to a privacy regulator.

For detailed information, please refer to the privacy section of our website, www.britishcouncil.org/privacy or contact your test centre. We will keep your information in line with our retention policies from the time of collection.

Signature