

Health Declaration Form - COVID-19
Postgraduate Degree Programme
To be filled by the Candidate

Important: You have to fill this form and bring it on the first day of appearing for the examination at UCSC. It is compulsory to handover this form before starting the examination.

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|---------------------------|--|----------------------------|--|
| Name with Initials | | Registration number | |
| | | | |
| Index No. | | | |
| Contact Tel. No. | | Email | |
| Address | | | |

I hereby certify, represent, and warrant as follows:

Within the twenty one (21) days immediately preceding the date of this Health Declaration Form,

I HAVE NOT:

- a) tested positive or is presumptuously positive with the Coronavirus or been identified as a potential carrier of the COVID-19 virus or similar communicable illness;
- b) experienced any symptoms commonly associated with the Coronavirus;
- c) been in any location positively designated as hazardous and/or potentially infected with the Coronavirus by recognized health or regulatory authority;
- d) been in direct contact with or the immediate vicinity of any person who is infected by COVID-19.

I AGREE to notify immediately the Examination Division of the UCSC (exam@ucsc.cmb.ac.lk cc: director@ucsc.cmb.ac.lk, mks@ucsc.cmb.ac.lk, and sfi@ucsc.cmb.ac.lk) of any change in the above status, including diagnosis with Coronavirus and/or being quarantined within the examination period.

I WILL consent to have my temperature taken by any UCSC staff member before or during the examinations and provide any follow-up information reasonably requested by UCSC staff members.

I ACKNOWLEDGE and ACCEPT that this Declaration will be considered as my consent to UCSC to disclose, share, record, and store this Declaration with any relevant authority to ensure the safety and security of any third parties that may come in contact with me prior to, during, and after the examination.

Declaration: I hereby assure you that I am in good health condition and have not been exposed to any risky environment. I realize that it would be a punishable offense under the Quarantine Law if the information provided by me is proved incorrect.

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|---------------------------------|--|-------------|--|
| Signature of the Student | | Date | |
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