

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 and Address of Company			
REASON FOR SEEKING EXEMPTION			
<p>I am seeking exemption from the FET-RRT Regime for Workplaces, due to (please tick accordingly):</p> <p><input type="checkbox"/> Contraindications* [e.g. nose surgery in past 4 weeks, facial surgery (<i>that may affect the collection of nasal samples from the nostril</i>) in past 8 weeks]</p> <p>Date of last surgery: _____</p> <p><input type="checkbox"/> Disability (e.g. vision loss, physical impairment) or Special needs (e.g. autism)</p> <p><input type="checkbox"/> Other reasons (please specify): _____</p> <p>I declare all the information provided by me is true and accurate.</p> <p>_____</p> <p>Signature & Name of Client/Employee _____ Date</p>			

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.	
<p>_____</p> <p>Signature & Name of Employer _____ Date</p> <p>Submitted to Sector Lead on: _____</p>			

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.