

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):			
<input type="checkbox"/> Contraindications* (e.g. nose surgery in past 4 weeks, facial surgery in past 8 weeks)			
Date of last surgery: _____			
<input type="checkbox"/> Disability (e.g. vision loss, physical impairment) or Special needs (e.g. autism)			
<input type="checkbox"/> 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 (Not applicable for freelancers or self-employed)

This Declaration Form is checked by:			
Full Name		Contact No.	
Name of Company (if different from above)		Email add.	
_____		_____	
Signature & Name of Employer		Date	

Section (3) to be completed by Sector Lead

This Declaration Form is checked by:			
Full Name		Contact No.	
Name of Organisation		Email add.	
_____		_____	
Signature & Name of Sector Lead		Date	

Note: Client/Employee will submit the Declaration Form to Employer and Sector Lead.
Completed Declaration Form is to be kept as documentation.