

Self-Certification of Covid-19 status

Order/Invoice Number: _____ (if applicable)

Attendee Name: _____

To allow the Prosthetics Event to go ahead safely for all those in attendance including staff working at the Event, Exhibitors, Artists, Models, and not forgetting the attendees, CBS Arena have requested we get a Self-Declaration of Covid-19 status from everyone. Please note that you are required to provide accurate information about your vaccination status in response to the questions below, or alternatively may decline to provide your vaccination status.

For purposes of this certification, you are considered “fully vaccinated” two weeks after completing the second dose of a two-dose COVID-19 vaccine (e.g., Pfizer or Moderna)

Please select the statement below that accurately describes your vaccination status:

<input type="checkbox"/>	I am fully vaccinated.
<input type="checkbox"/>	I received my second dose of the Pfizer or Moderna vaccine less than two weeks ago.
<input type="checkbox"/>	I received my first dose of Moderna or Pfizer, and my second appointment is scheduled
<input type="checkbox"/>	I have not yet been vaccinated, but I have already scheduled an appointment to receive my first dose of vaccine.
<input type="checkbox"/>	I have not been vaccinated.
<input type="checkbox"/>	I decline to answer whether I have been vaccinated.

Testing prior to the Event: Please order the free NHS Lateral Flow tests online so that you can test yourselves by Wednesday 10th November, allowing for the 30minutes for the test to develop properly <https://www.gov.uk/order-coronavirus-rapid-lateral-flow-tests> or alternatively book yourself in for a PCR Test for more accurate results. <https://www.gov.uk/get-coronavirus-test> Please provide the result below:

Date of Test	Type of Test LF or PCR	Test Result

I understand that I am required to provide accurate information in response to the question above. I hereby affirm that I have accurately and truthfully answered the question above.

I consent to the Event team sharing this information with the local health department and or NHS Track and Trace as required to do so.

Signature: _____

Stand Name: _____ (if applicable)

College/University Name: _____ (If applicable)

Date: _____

Office Use Only

I have been shown acceptable proof and verified the full COVID-19 vaccine status of the above-named person.

Signature of Representative: _____