

## Self-Declaration of Covid-19 status

Attendee Name: \_\_\_\_\_

Order/Invoice Number (if applicable): \_\_\_\_\_

To allow the Prosthetics Event to go ahead safely for all those in attendance including staff, exhibitors, artists, models, and ticket holders, CBS Arena have requested we get a Self-Declaration of Covid-19 status from everyone. Please note that you are required to provide accurate, truthful information about your Covid-19 test result and vaccination status below, or alternatively you may decline to provide your vaccination status.

### Testing prior to the Event

Please order a free NHS Lateral Flow test online [HERE](#) and test yourself from Thursday 11<sup>th</sup> November, allowing 30 minutes for the test to develop properly, or alternatively book yourself in for a PCR test [HERE](#) for a more accurate result. Please provide the result below:

Date of test	Type of test: LF or PCR	Test result

### Vaccination status

For the purposes of this certification, you are considered 'fully vaccinated' two weeks after having the second dose of a two-dose Covid-19 vaccine (e.g., Pfizer, AstraZeneca, 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 an approved vaccine less than 2 weeks ago
<input type="checkbox"/>	I received my first dose of an approved vaccine more than 2 weeks ago
<input type="checkbox"/>	I received my first dose of an approved vaccine less than 2 weeks ago
<input type="checkbox"/>	I have not been vaccinated
<input type="checkbox"/>	I decline to answer whether I have been vaccinated

I hereby confirm that the information I have provided about my Covid-19 test result and vaccination status is accurate and truthful, and I consent to the Event team sharing this information with the local health department and/or NHS Track and Trace if required.

Signature: \_\_\_\_\_

College/University name (if applicable): \_\_\_\_\_

Stand name (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_

**For office use only:** I have been shown acceptable proof of a Covid-19 test result and verified the Covid-19 vaccine status of the above-named person.

Signature of Representative: \_\_\_\_\_