

**Anyone entering the exam room must submit this completed form to the proctor on exam day.** Individuals who answer YES to any of the questions will be prohibited from testing unless a listed exception applies. You will be eligible for a refund of NCEES exam fees if you send a request through your MyNCEES account within 14 days of the exam date. Anyone who chooses not to answer the questions will be prohibited from testing and will not be issued a refund.

You will not be admitted to the exam room if you can answer YES to any of these questions:	Unless...
1. You have <b>tested positive</b> for COVID-19 <input type="radio"/> Yes <input type="radio"/> No	<ul style="list-style-type: none"> <li>• You have been symptom-free and fever-free for at least 72 hours without the use of fever-reducing medicine <b>AND</b></li> <li>• At least <b>10 days</b> have passed since your last exposure, or you have received two negative COVID-19 test results in a row, 24 hours apart</li> <li><input type="radio"/> Yes, this exception applies to me today.</li> </ul>
2. You have experienced one or more associated symptoms <b>within the last 10 days:</b> <ul style="list-style-type: none"> <li>• shortness of breath</li> <li>• cough</li> <li>• fever</li> <li>• chills</li> <li>• sore throat</li> <li>• loss of smell</li> </ul> <input type="radio"/> Yes <input type="radio"/> No	<ul style="list-style-type: none"> <li>• You have been symptom-free and fever-free for at least 72 hours without the use of fever-reducing medicine <b>OR</b></li> <li>• These symptoms can be attributed to another health condition</li> <li><input type="radio"/> Yes, this exception applies to me today.</li> </ul>
3. You <b>live with or</b> have had <b>close contact</b> with someone who has confirmed or suspected COVID-19 <input type="radio"/> Yes <input type="radio"/> No	<ul style="list-style-type: none"> <li>• At least <b>10 days</b> have passed since your last exposure</li> <li><input type="radio"/> Yes, this exception applies to me today.</li> </ul>
4. Have been or are under home quarantine or centralized observation by government or healthcare authorities <input type="radio"/> Yes <input type="radio"/> No	<ul style="list-style-type: none"> <li>• At least <b>10 days</b> have passed since your quarantine or centralized observation has been lifted by the government or healthcare authorities</li> <li><input type="radio"/> Yes, this exception applies to me today.</li> </ul>

Name (please print) \_\_\_\_\_

7-digit examinee ID # (on Exam Authorization) \_\_\_\_\_ Date: \_\_\_\_\_

**By signing this form, you are attesting to the following:**

- That all information you have provided is true and correct to the best of your knowledge
- That you understand you will be dismissed from the exam and your exam score will be invalidated if you do not adhere to the COVID-19 safety requirements for this site
- That you understand examinees are allowed to lower masks to eat or drink for brief moments as defined by the proctors and that proctors will issue a warning to examinees before they are dismissed

Signature \_\_\_\_\_