



Self-Declaration Form

Precautions Against COVID-19

Please answer the following questions:

1. Have you returned from travel abroad (including USA) in the last 14 days?

YES

NO

2. Have you had any symptoms of COVID-19 in the last 14 days (e.g. fever, cough, shortness of breath)?

YES

NO

3. Have you been in contact with any person who has tested positive or who has been diagnosed with COVID-19?

YES

NO

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If you answered yes, to any of the questions above you cannot take IELTS today. Please return to your home. Your test will be transferred free of charge to a future date.

I acknowledge that the information I have provided is accurate and complete.

FULL NAME (same as your passport/ PR card): _____

DATE: _____

SIGNATURE: _____

CANDIDATE NUMBER (FOR OFFICE USE): _____