



COVID-19

Participation Waiver

I, _____, understand that I am freely and voluntarily choosing to take this exam being fully aware of the potential risk related to transmission of the COVID-19 virus. I have had all of my questions addressed and am waiving any claim I might have, now or in the future, related to any injury or illness I could potentially sustain due to taking this exam.

Candidate Signature: _____

Parent Signature (if applicable): _____ Date: _____

Medical Certification from Candidate

I previously executed the waiver related to GED/HiSET/Pearsonvue Testing. I certify that I have not had a fever or any other symptoms of COVID-19 in the last 14 days. I further certify that I have not visited a doctor related to symptoms of COVID-19 in the last 14 days. I further certify that I have not been tested for COVID-19 in the last 14 days. I further certify that I have not had contact with any person who tested positive for COVID-19 in the last 14 days. I further certify that I have not had contact with any person who has been tested for COVID-19 and is awaiting the result of that test in the last 14 days. I agree that if I begin to feel ill during testing, then I will promptly leave campus and seek medical attention.

This ____ day of _____, 2020.

Candidate Name: _____

Candidate Signature: _____

Parent Signature (if applicable): _____