

The health and safety of our employees, clients, and candidates is paramount to PSI. As the coronavirus disease 2019 (COVID-19) outbreak continues to evolve and spreads globally, PSI is monitoring the situation closely and will periodically update company guidance based on current recommendations from the Centers for Disease Control and Prevention and the World Health Organization. To prevent the spread of COVID-19 and reduce the potential risk of exposure to our workforce and Candidates, we are implementing the following procedures.

Your participation in completing PSI's COVID-19 Candidate Questionnaire is mandatory to help us take precautionary measures to protect you and everyone in the testing center.

Please print & complete this form prior to arriving at the test center, if you are unable to print & complete prior to your arrival, PSI's Test Center Administrators will provide at the time of your appointment.

Candidate's Name:	Personal Phone Number (mobile/home)
Company/Organization:	

Self-Declaration by Candidate	
1	<p>Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing)</p> <p>Yes No</p>
2	<p>Have you had close contact with or cared for someone diagnosed with COVID-19 without PPE within the last 14 days?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
3	<p>Have you been in close contact with anyone without PPE who has traveled within the last 14 days to one of the countries listed on https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
4	<p>Have you returned from any of the countries listed as "restricted to travel" within the last 14 days?</p> <p>https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
5	<p>I understand that PSI requires candidates bring and wear face coverings at all testing facilities. I have understood that failure to comply by these guidelines or PSI COVID 19 policies & procedures at the test center will result in denied access to testing.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Candidate Signature _____ Date: _____

If you answer "yes" to any of the questions 1-4, you will need to contact PSI Technical Support at nycucs_support@psionline.com to see what options are available regarding your appointment. Please enter your program or test name for program specific support numbers.

If you refuse to answer any of the questions, or if you answer "yes" to questions 1-4, you will not be permitted to test.