



International Dispute Resolution Centre

COVID-19 Declaration and Contact Form

Name: _____

Date of Booking: _____

Start Time: _____

Company Name: _____

Email Address: _____

Mobile Number: _____

I declare that I do not have the following symptoms which are associated with COVID-19, including the following:

- Cold or Flu-like symptoms e.g. coughing, sore throat, fatigue
- Shortness of breath
- Fever
- Loss of sense of smell / taste

I confirm that I will meet all UK Government's social distancing guidelines and personal hygiene protocols while at the International Dispute Resolution Centre.

1. Are you fully vaccinated? Yes No

(If you do not wish to declare your vaccination status, you can leave this blank.)

2. Please confirm whether you have been outside of the UK in the last 14 days: Yes No

If you have ticked "Yes" to Q1 and Q2, a current Coronavirus test result is required (either a lateral flow test or PCR test).

If you do not wish to declare your vaccination status or if you are not fully vaccinated and have ticked "Yes" to Q2, a current Coronavirus PCR test result is required.

The IDRC reserves the right to refuse entry,

Date: _____

Signature: _____