

HEALTH DECLARATION FOR HERVEY BAY CITY BRIDGE CLUB IN

Member Name: _____ (please print)

Address: _____

Telephone No: _____ Email: _____

I hereby state that I WILL NOT ATTEND the Hervey Bay City Bridge Club Inc. on any occasion if I can answer YES to any of the following statements. I will further ensure that on each visit I will record my name in the Club Attendance Book and sign that I have read and I am complying with the conditions stated in the Health Declaration form.. Please circle "yes" or "no" to each of the of the following.

I am a confirmed case of Covid-19 (Coronavirus)	YES	NO
In the last 14 days I have had contact with a confirmed case of Covid-19	YES	NO
In the last 14 days I have returned from ANY Government designed Covid-19 restricted zone	YES	NO
In the last 14 days I have had contact with someone who has returned from ANY Government designed Covid-19 restricted zone	YES	NO
In the last 14 days I have had close contact with someone with flu-like symptoms (i.e. fever, cough, sore throat, runny nose, fatigue, difficulty breathing)	YES	NO
I am suffering from flu-like symptoms (or have in the last 48 hours) which may include: <ul style="list-style-type: none"> • Fever • Cough • Sore throat • Running nose or stuffy nose • Headache, aches, and pains • Breathing difficulty • Loss of taste or smell 	YES	NO

I understand that the Director of the day or Entry Co-ordinator may ask me to vacate the premises if either or both feel that the above conditions have been compromised or I have breached the Covid-19 Safety Plan. The health and wellbeing of our members is of paramount importance.

I understand that I enter and play bridge at the Hervey Bay City Bridge Club on my own volition and that the Club will endeavour to keep the Club Covid-19 free . If you suffer from a compromised immunity or chronic medical condition you should seek approval from your GP before returning

I declare that I have read and understood all the information given in this form and the Covid-19 Safe Plan Return to Play document and I will abide by all conditions stated in all of the documentation. I further affirm that all information I have given on this form is true and correct.

----- (signature) ----- (date)