



# COVID-19 ATTENDANCE & HEALTH FORM

ABN: 25 536 393 358

## ATTENDEE DETAILS

NAME (print): \_\_\_\_\_ PHONE: \_\_\_\_\_

### Other Family Members With Me Today

NAME (print): \_\_\_\_\_ NAME (print): \_\_\_\_\_

NAME (print): \_\_\_\_\_ NAME (print): \_\_\_\_\_

NAME (print): \_\_\_\_\_ NAME (print): \_\_\_\_\_

## DECLARATION

I/we knowingly and willingly decided to come to this Grafton eisteddfod event during the COVID-19 pandemic. I/we understand that I/ we have a higher risk of getting the virus by being here. I/we understand the virus has a long incubation period, during which carriers of the virus might not show any symptoms but can still be highly contagious.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I/we agree to follow the Society's guidelines and rules to help prevent the spread of contagious viruses – including physical distancing.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I/we understand if I/we don't follow the rules I/we will be asked to leave and will not be allowed to return during this competition.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>RECENT TRAVEL</b>	•	•
Have I/we travelled interstate in the last 14 days? (eg Victoria, Qld, ACT)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have I/we been in home quarantine or in hotel quarantine in the last month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have I/we been in contact with a suspected or confirmed case of COVID-19 in the last 14 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>HEALTH TODAY</b>	•	•
Have I/we got ANY of the following symptoms TODAY? * a fever * a cough * a runny nose * a sore/scratchy throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\*\*\*\* If you answer "Yes" to any of these questions – please talk to our Covid Marshall immediately. \*\*\*\*

I read and understand this form, and I have answered all the questions truthfully.

SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_