



Coronavirus (COVID-19) Self-Assessment Declaration

With the importance of the health and safety of our community a declaration of illness form is required for all attendees of any upper Hunter Team Penning Event (until further notice). Please be sure that the information you are giving is accurate and that this form is complete. Please seek immediate medical attention should you display any of COVID-19 related signs as listed below.

Have you or any Children (under the age of 18yrs) listed on this declaration:

Been in contact with any person whom has tested positive for COVID-19 within the last 14 days?
YES NO

Been within a COVID-19 HOT SPOT within the last 14th days? YES NO

Taken any masking agents that may interfere with COVID-19 symptoms being visually noticed?
YES NO

Please state if anyone listed on this declaration is currently experiencing any of the following symptoms:

- * Fever
- * Cough
- * Runny nose
- * Shortness of Breath Persistent Pain in the Chest
- * Sore throat
- * loss of taste and smell

YES (IF YES, PLEASE SPEAK DIRECTLY TO THE COVID-19 SAFETY OFFICER) NO

COMMENTS:

By signing I acknowledge that the information I have provided is true and accurate and I agree to follow the COVID-19 Policy of Upper Hunter Team Penning:

Full Name: _____ Signature: _____

Children (under the age of 18yrs):

1. _____ 2. _____ 3. _____
 4. _____ 5. _____ 6. _____

Phone Number: _____ Date: ____/____/____

Residential Address: _____