



Welcome to Hippy Snaps Photobooth,



Due to the uncertainty that we all face as a result of the unprecedented spread of the Covid-19, we have an obligation to implement basic controls to manage the risk of exposure to and from those attending our facilities. That means staff, clients, visitors and contractors. Everyone.

We trust you will understand and will be able to cooperate with us by completing the Declarations as below.

Your name and any information provided will be treated in strict confidence and if required, we will provide you with a copy of your signed Declaration.

If you are unwilling to complete or do not have adequate information to complete the Declaration then please advise before proceeding any further within the facilities.

NAME:	DATE:	TIME:
MOBILE		

Please circle Yes or No to each of the following:

In the last 14 (fourteen) days, have either you or any member of your immediate family/household been directly in contact with any person who:		
• Had symptoms of Covid-19, been tested and have not received a test result?	NO	YES
• Has been diagnosed as having Covid-19 at that time;	NO	YES
• Has been diagnosed as having Covid-19 since the last time you met them?	NO	YES
• Has been requested to self-isolate as a result of a potential exposure to a Covid-19 carrier (at work, socially or through any other means)?	NO	YES
• Has been hospitalized to receive treatment for Covid-19?	NO	YES
Have either you or any member of your immediate family/household been:		
• Instructed or advised to self-isolate in the last 14 (fourteen) days?	NO	YES
• Travelled internationally in the last 14 (fourteen) days?	NO	YES
• Travelled Interstate (if so please advise State/Region)	NO	YES

If you answered **YES** to any of the questions above, please advise a member of staff before proceeding any further within the facilities.

Please note that providing false or misleading information will result in access to booth being revoked.

Signature: _____

Hippy Snaps Photobooth Owner: _____ Signature: _____