

Owner Covid-19 Statement

Unit Number _____ Owner Name(s) _____

Planned Arrival Date _____

I confirm the following:

- I am not aware that that I have been in contact with any confirmed Covid 19 cases in the last 14 days
- In the last 48 hours I have not had any of the following symptoms:-
 - fever or chills
 - cough worse than usual cough
 - unusual fatigue
 - unusual shortness of breath
 - unusual muscle pain
 - unexplained headaches
 - loss of taste or smell
- Should I have any guests on the association property I need to arrange for all the guests aged 12 years and above to complete a 'Guest Statement' that needs to be lodged with the administrative office prior to their arrival.

Signed _____

Date _____

This statement to be signed by each individual owner