Coronavirus Self Declaration Form For the health and safety of our community, declaration of illness is required. Be sure that the information you will give is accurate and complete. Please get immediate medical attention if you have any of the COVID-19 signs.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you or someone you know been in contact with people being infected, suspected, or diagnosed with COVID-19? Yes No

As per the NSW Public Health Orders 16 July 2020 have you or someone you know been in Victoria or affected NSW areas within the 14 days prior to your event and would be deemed an ‘affected person’ Yes No

Updates on affected areas can be found <https://www.nsw.gov.au/covid-19/latest-news-and-updates•>

Your relationship with the people and your last contact date with them \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please state whether you have experienced the following:

Fever

Cough

Shortness of Breath

Persistent pain in the Chest

I acknowledge that the above information is accurate & complete

Name: Date:

Address:

Email:

**One form must be completed for each person on the grounds**