## PERSONAL HEALTH DECLARATION for INGHAM BRIDGE CLUB

| MEMBER NAME: |
|--------------|
|--------------|

| DATE | TEMPERATURE |
|------|-------------|
|      |             |
|      |             |
|      |             |
|      |             |
|      | -           |
|      |             |
|      |             |
|      |             |
|      |             |
|      |             |
|      |             |
|      |             |
|      |             |

| If you answer <b>YES</b> to any question please <b>DO NOT PROCEED</b> into the Club premises   |     |    |  |
|--|-----|----|--|
| I am a confirmed case of Covid 19  | YES | NO |  |
| In the last 14 days I have had contact with a confirmed case of Covid 19   | YES | NO |  |
| In the last 14 days I have had close contact with someone with flu-like symptoms (Fever, cough, sore throat, runny nose, fatigue, difficulty breathing)  | YES | NO |  |
| In the last 14 days I have returned from an overseas or interstate destination   | YES | NO |  |
| In the last 14 days I have had contact with someone who has returned from an overseas or interstate destination  | YES | NO |  |
| I am suffering with flu-like symptoms (or have in the last 48 hours) which may include: Fever, Cough, Sore Throat, Runny Nose or Stuffy Nose, Headache, Aches and Pains, Breathing Difficulty. May include loss of taste and/or smell. | YES | NO |  |

Note: Contraction of the virus may increase the severity of the infection and the risk of subsequent complications for anyone who has one or more of the following conditions: advanced age (70+ and especially 80+); chronic lung disease, heart disease or kidney disease, diabetes, hypertension, and suppressed immunity for whatever reason. If you are concerned or not sure if you should attend Club sessions, it is advisable to discuss your particular condition with your GP.

I declare that all information given in this form is true and correct.

SIGNATURE ...... DATE ......