



COVID-19 Self-Assessment Declaration Form

In order to protect the health and safety of guests, residents and staff of Southern Campdraft Association Affiliated Club, we require you to complete this declaration in relation to the coronavirus (COVID-19).

The declaration is required by all guests accessing our Campdraft and is valid for a maximum period of seven days. (Club Name :)

Health Declaration (please circle)

Do you have a fever / is your body temperature over 37.5°C?	YES / NO
Are you suffering from respiratory symptoms such as a cough, sore throat or shortness of breath?	YES / NO
Have you been overseas OR in a COVID hotspot in the last 14 days?	YES / NO
Are you aware of being in close contact with a confirmed or suspected case of COVID-19 in the last 14 days?	YES / NO

If you answer yes to any of these questions you may be referred to a local health authority or the police.

Declaration

I have read and understand the 'COVID-19 Self-Assessment Declaration' and commit to adhering to the requirement:

Name: _____

Signed: _____

Date: _____

Continue to monitor yourself for fever and respiratory symptoms.
If these symptoms appear, please contact your nearest Hospital or Health Professional.