



**Health Declaration for Toowong Bridge Club
Supervised Players**

Name: Date: Temperature:

INSTRUCTION: IF any answer is **YES** to any question **DO NOT PROCEED** into the Club premises.

I am a confirmed case of Covid-19 (Coronavirus)	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 returned from ANY overseas destination or Australian hotspot	YES	NO
In the last 14 days I have had contact with someone who has returned from ANY overseas destination or Australian hotspot	YES	NO
In the last 14 days I have had close contact with someone with flu-like symptoms (i.e. fever, cough, sore throat, runny nose, fatigue, difficulty breathing)	YES	NO
I am suffering from flu-like symptoms (or have in the last 48 hours) which may include: <ul style="list-style-type: none"> • Fever • Cough • Sore throat • Running nose or stuffy nose • Headache, aches, and pains • Breathing difficulty ** 	YES	NO

**** Note:** Please self-identify if you have any medical or other condition not listed here that has the potential to compromise the health of yourself, a family member or Club players by attending Club sessions.

Please note these definitions when answering the Questionnaire and considering your fitness to Enter the Club:

- Flu-Like or Covid-19 symptoms include fever, cough, sore throat, runny nose, headache, fatigue, difficulty breathing. May include loss of taste and/or smell.
- Close contact means: 15 minutes or more face-to-face (within 1.5 metres) contact with a person or being in a confined space with a person for 2 hours or more.
- Social Distancing: Staying more than 1.5 m. away from people in the community. Not being in a confined space with a person for 2 hours or more. This excludes people you are directly living with in your home.

I declare that I have read and agree to abide by all conditions in the TBC COVID SAFE PLAN (see TBC website) and that all information given in this form is true and correct.

Signature:



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