Australian Stock Horse SOCIETY

Attendee Health Declaration Form

Branch Hosting Event	
Participant Name	
Participant Phone	
Participant Address	
Participant Email	
Event Name	
Event Date	

DO YOU HAVE ANY OF THE FOLLOWING SYMPTOMS?

- ☐ **Fever**
- ☐ **Cough**
- ☐ **Shortness of breath**
- ☐ **Sore Throat**
- ☐ **Runny Nose**
- ☐ **Chills or Sweats**
- ☐ **Shortness of breath**

Have you returned from any overseas country in the past 14 days?

- ☐ **Yes**
- ☐ No

In the past 14 days, have you been in close contact with anyone who has been diagnosed with COVID-19?

- ☐ **Yes**
- ☐ No

If you ticked any of the above symptoms (fever, cough, shortness of breath, sore throat), or **YES** to any of the above questions:

- You are not allowed to attend or compete at this or any other ASHS Approved events.
- Contact a health care professional for advice.

I declare that the information that I have provided is true and correct.

- ☐ Yes

SIGNATURE

Signed:

By completing this questionnaire, I consent to abide by current COVID-19 safety guidelines implemented by the hosting ASHS Branch and consent to ASHS collecting and disclosing my personal information for the purpose of preventing or managing the risk and/or reality of COVID-19 at ASHS sanctioned events and in compliance with the Privacy Act 1988 (Cth) and ASHS Privacy Policy.