



Caboolture Bridge Club
Health Declaration for Visitors

Name..... Date..... Temperature.....

Signature.....

Address.....
.....

Phone Number.....

Are you waiting for the result of a Covid 19 test?	YES	NO
In the last 14 days I have had contact with a confirmed case of Covid19	YES	NO
I have had close contact with someone with flu-like symptoms (i.e. fever, cough, sore throat, runny nose, fatigue, difficulty in breathing)	YES	NO
I am suffering from flu like symptoms (i.e. fever, cough, sore throat, runny nose, fatigue, difficulty in breathing)	YES	NO

**Please self-identify if you have any medical condition not listed that has the potential to compromise the health of fellow players attending the session.

- Close contact means 15 minutes or more face to face contact (within 1.5 metres) with a person.

If your temperature is above 38°C or you have answered yes to any of the questions you will not be permitted to play in the session

Thank you for your cooperation