

**HEALTH DECLARATION FOR ARANA CONTRACT BRIDGE CLUB**  
**PLEASE PRINT AND CIRCLE RELEVANT ANSWER**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Temperature: \_\_\_\_\_

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

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|--|------------|-----------|
| I am a confirmed case of COVID-19 (Coronavirus)  | <b>YES</b> | <b>NO</b> |
| In the last 14 days I have had contact with a confirmed case of Covid-19   | <b>YES</b> | <b>NO</b> |
| In the last 14 days I have returned from <b>ANY</b> overseas or Interstate destination   | <b>YES</b> | <b>NO</b> |
| In the last 14 days I have had contact with someone who has returned from <b>ANY</b> overseas or Interstate destination  | <b>YES</b> | <b>NO</b> |
| In the last 14 days I have had <b>close contact</b> with someone with flu-like symptoms (i.e. fever, cough, sore throat, runny nose, fatigue, difficulty breathing)  | <b>YES</b> | <b>NO</b> |
| I am suffering from flu-like symptoms (or have in the last 48 hours)<br>Which may include:<br><ul style="list-style-type: none"> <li>• Fever</li> <li>• Cough</li> <li>• Sore throat</li> <li>• Running nose or stuffy nose</li> <li>• Headache, aches, and pains</li> <li>• Breathing difficulty</li> </ul> | <b>YES</b> | <b>NO</b> |
| I (or anyone in my household) suffer from compromised immunity, chronic medical conditions of heart, lungs, kidneys, poorly controlled diabetes, or poorly controlled hypertension (blood pressure), high dose corticosteroids, cancer**   | <b>YES</b> | <b>NO</b> |

\*\*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 members 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 1.5m. 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 all information given in this form is true and correct.**

| Member Name | Signature | Date |
|-------------|-----------|------|
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