



Tradition • Pride • Spirit

THE AUSTRALIAN BUSHMEN'S CAMPDRAFT & RODEO ASSOCIATION

COVIDSafe

ATTENDEE HEALTH DECLARATION

ATTENDEE DETAILS

Attendee Name or (families can use the one form if they reside in the same household)	
Attendee Address	
Attendee Phone	
Attendee Email	
Show attending	
Show Date	

HEALTH DETAILS

Has the Attendee:

Travelled internationally within the preceding 14 days?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Been exposed to a person with COVID-19 within the preceding 14 days?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Been exposed to a person who has travelled internationally within the preceding 14 days?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you attended any of the reported case locations listed nationally in the last 14 days?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have any symptoms of COVID-19 such as <ul style="list-style-type: none">• Fever• Flu-like symptoms Coughing, Sore Throat, Fatigue• Shortness of breath	<input type="checkbox"/> YES <input type="checkbox"/> NO

**If You have ticked YES to any of the above questions;
YOU ARE PROHIBITED TO ATTEND ANY ABCRA SANCTIONED ACTIVITY.**

We recommend that anybody regarded as high risk due to age or medical condition that attendance at an ABCRA event may not be in your best interest.

Complete & sign this form as at date/s of activity. Present upon entry to the ABCRA Show.

I _____ (insert name), declare that the information I have provided is true and correct.

I have read and understand the ABCRA COVIDSafe policy and protocols. I agree to download and use the Govt COVIDSafe app whilst in attendance at any ABCRA Sanctioned activity.

SIGNED: _____

DATE: _____