



Tradition • Pride • Spirit

THE AUSTRALIAN BUSHMEN'S CAMPDRAFT & RODEO ASSOCIATION

# COVIDSafe

## ATTENDEE HEALTH DECLARATION

### ATTENDEE DETAILS

Attendee Name	(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 <a href="#">Greater Sydney</a> or any of the reported case locations listed <a href="#">nationally</a> 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"><li>• Fever</li><li>• Flu-like symptoms Coughing, Sore Throat, Fatigue</li><li>• Shortness of breath</li><li>• Loss of taste or smell</li></ul>	<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 on the 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:**

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