

COVID-19 Self Declaration Form

For the health and safety of our Equestrian community, a self-declaration form is required. As a condition of entry, please complete the form and ensure the information given is accurate.

| Name | |
|----------------|--|
| Contact Number | |
| Event | |

| Self-Declaration | | No |
|---|--|----|
| Have you recently been in contact with someone diagnosed or suspected to have COVID-19? | | |
| Have you been in contact with someone who has travelled overseas within the last 14 days? | | |
| Are you presenting any of the following symptoms? | | |
| Fever | | |
| Cough | | |
| Shortness of breath | | |
| Persistent pain in the chest | | |
| Do you have the COVIDSafe app? If YES please activate it. | | |

If you have answered **YES** to any of these questions, please advise the organising committee immediately.

We ask for your full support as we all have a shared responsibility to minimise the risk of exposure.

If at anytime during the event you feel unwell please advise us immediately so that we can take the relevant actions.

Self declaration records will be kept securely and retained for a period following the event as per current Government directives and inline with our privacy Policy.

Please let us know if you have any questions or concerns and thank you for your co-operation.

| Signature | |
|-----------|--|
| Date | |