

Health Declaration for Queensland Contract Bridge Club

Name: Date:

Temperature:

Queensland Health advised that people over 70, people over 65 with a chronic disease or people living with someone with a chronic illness are strongly encouraged to exercise judgement and consult their doctor for advice on their specific situation. While the club attempts to reduce the risk of any person attending its premises catching or spreading Covid-19, there will always be such a risk. You should take all these matters into consideration in your decision to attend the club's premises

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

I am a confirmed case of Covid-19 (Coronavirus)	YES	NO
In the last 14 days I have had contact with a confirmed case of Covid-19	YES	NO
In the last 14 days I have returned from overseas, Victoria or any COVID19 Hot Spots	YES	NO
In the last 14 days I have had contact with someone who has returned from overseas, or Victoria or COVID19 Hot Spots	YES	NO
In the last 14 days I have had close contact with someone with flu-like symptoms (i.e. fever, cough, sore throat, runny nose, fatigue, difficulty breathing)	YES	NO
I am suffering from flu-like symptoms (or have in the last 48 hours) which may include: <ul style="list-style-type: none"> • Fever • Cough • Sore throat • Running nose or stuffy nose • Headache, aches, and pains • Breathing difficulty 	YES	NO

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 1.5 m. 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