

# PORT HUNTER 4x4 CLUB

## Trip COVID-19 Health Declaration Form



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Please read the questions carefully and answer each question honestly with a **YES** or **NO**

Should you answer YES to any of the questions below you will not be permitted to attend this four wheel drive trip.

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Q1 Have you returned from overseas or in the past 14 days or have you been in close contact with a person who has returned to Australia in the last 14 days

Yes

No

Q2 In the past 14 days have you or any members of your household been in contact with a Confirmed or Suspected COVID-19 case?

Yes

No

Q3 Have you experienced any of the following in the past 48 hours; temperature or fever, acute respiratory infections, cough, sore throat, shortness of breath, runny nose, loss of smell.

Yes

No

Q4 Have you resided in a designated high risk region as defined by NSW Health Authorities, or transited through (spent 2 hours or greater) in a designated high risk region.

Yes

No

Name \_\_\_\_\_ Mobile No. \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

*This declaration must be filled out by all participants attending this four wheel drive trip, prior to the start of the trip on the day of the trip. Please return this declaration to the trip leader.*

*This information is intended to support NSW Health authorities should a COVID outbreak occur affecting a participant who has attended this four wheel drive trip.*