



Perth Hills Triathlon Club COVID Participant Declaration

Athlete Name

Contact no:

Emergency

contact name:

Date:

Emergency

contact no:

Participant Questionnaire (please circle answer)

Have you ever been diagnosed with COVID-19?	YES	NO
If YES have you been subsequently declared free of the virus by a doctor?	YES	NO
Are you aware of having had contact with anyone that has COVID-19 in the last 14 days?	YES	NO
Have you returned from overseas in the last 14 days?	YES	NO
Have you travelled interstate in the last 14 days?	YES	NO
Are you aware of having had contact with anyone that has returned from interstate or overseas in the last 14 days?	YES	NO

Do you have any of the following symptoms:

Cold or flu-like symptoms?	YES	NO
Sore throat?	YES	NO
High temperature?	YES	NO
Difficulty breathing?	YES	NO
Dry cough?	YES	NO
Headache?	YES	NO
Loss of sense of taste or smell?	YES	NO

I declare that in the event that I should develop the above symptoms, test positive for COVID-19 or become aware that I have come into contact with a person who has COVID-19 I will notify the club as soon as practicable. I consent to the Club keeping this declaration, my contact information and other records as necessary and sharing them with others for the purpose of contact tracing or as directed by health authorities.

SIGN:

DATE: