

Pony Club WA State Show Jumping Squad -Training

COVID 19 QUESTIONNAIRE

Names: _____

Address: _____

Contact Numbers: _____

(Rider & Parent/Helper)

	YES	NO
Have you been overseas or travelled interstate in the last 14 days		
Have you been in contact with a confirmed or suspected case of COVID 19 in the last 14 days		
Are you a front-line health worker, in close contact or caring for someone who is currently unwell		
Have you currently or within the last 7 days been unwell or been aware of any of the following symptoms - FEVER - COUGH - RUNNY NOSE - SORE OR SCRATCHY THROAT - SHORTNESS OF BREATH		
Do you have the Governments COVID app on your phone		

Date: _____ Time: _____

Signature: _____