

COVID-19 Self Declaration Form

For the health and safety of our Equestrian community, a self declaration form is required.

Name

Event

Contact Number

Self-Declaration

Vehicle Rego

As a condition of entry, please complete the form and ensure the information given is accurate.

Have you recently been in contact with someone diagnosed or suspe	cted to
have COVID-19?	
Are you presenting any of the following symptoms?	
Fever	
Cough	
Shortness of breath	
Persistent pain in the chest	
If you have answered YES to any of these questions, please advise the direction. We ask for your full support as we all have a shared responsibility to model of the secure of the secu	ninimise the risk of exposure following the event.
Signature	
1	

Yes

No