



COVID-19 Self Declaration Form

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

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

Competitor	
Nominated Support Person	
Contact Number	
Vehicle Rego	
Horse Name	

Self-Declaration	Yes	No
Have you recently been in contact with someone diagnosed or suspected 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 organising committee for direction.

We ask for your full support as we all have a shared responsibility to minimise the risk of exposure.

Self declaration records will be kept securely and retained for a period following the event.

Please let us know if you have any questions or concerns and thank you for your co-operation.

Signature	
Date	