



COVID Affirmation Form

- In the last 14 days have you travelled from overseas or a Coronavirus (COVID-19) hotspot? Yes No
- Have you been in close contact with a person who is diagnosed as Coronavirus (COVID-19) positive? Yes No
- Are you an active Coronavirus (COVID-19) case? Yes No
- Are you currently, or have you recently experienced cough, fever, sore throat, fatigue or shortness of breath? Yes No

If you answered yes to any of the above, do not turn up to, or run in the event

By signing here, you're also agreeing that contact tracers can have your contact details if they need them.

Signature:

Name:

Contact number:
