



ATTENDEE HEALTH DECLARATION

This document to be given to show secretary on arrival to event.

One form per person

ATTENDEE DETAILS

Attendee Name	
Attendee Address	
Attendee Phone	
Attendee Email	
Show attending	
Show Date	

HEALTH DETAILS

Has the Attendee: (Please circle one answer for each question)

Travelled internationally within the preceding 14 days?	YES	NO
Been exposed to a person with COVID-19 within the preceding 14 days?	YES	NO
Been exposed to a person who has travelled internationally within the preceding 14 days?	YES	NO
Have you travelled to or come from Victoria in the last 14 days?	YES	NO
Have you attended any of the reported case locations listed on the relevant State & Territory Health websites in the last 14 days?	YES	NO
Have you been tested for COVID-19 and are awaiting test results?	YES	NO
Do you have any symptoms of COVID-19 such as <ul style="list-style-type: none"> • Fever • Flu like symptoms Coughing, Sore Throat, Fatigue • Shortness of breath 	YES	NO

**If You have ticked YES to any of the above questions;
YOU ARE PROHIBITED TO ATTEND ANY AQHA SANCTIONED ACTIVITY.**