



CALLIOPE SLIDERS REINING HORSE CLUB Inc.

ASSESSMENT OF RISK of CORONAVIRUS (COVID19)

	YES	NO
Have you been confirmed or suspected of having coronavirus (COVID19)?		
Have you been in close contact with a confirmed case of coronavirus (COVID19) in the past 14 days?		
Have you travelled overseas or been interstate in the past 14 days?		
Have you been in close contact with someone who has travelled overseas or interstate in the past 14 days?		
Do you currently have a fever, sore throat, cough or recent onset of shortness of breath?		

CONTACT DETAILS

NAME:	
ADDRESS:	
PHONE #:	
EMAIL:	
EMERGENCY CONTACT PERSON:	

EVENT NAME: _____

PLACE : _____

Signature: _____

Date: _____