



An
Affiliate
of the

AUSTRALIAN
Quarter Horse
ASSOCIATION

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)

Been exposed to a person with COVID-19 in the preceding 14 days?	Yes	No
Attended any of the NSW Health reported case locations in the last 14 days?	Yes	No
Been tested for COVID-19 and awaiting test results?	Yes	No
Any symptoms of COVID-19? such as • Fever • Flu like symptoms(Coughing, sore throat, Fatigue) • Shortness of Breath	Yes	No

**If you have answered YES to any of the above questions;
YOU ARE PROHIBITED TO ATTEND THIS EVENT**

Use the NSW service app to check-in at the show office on arrival