

## Lake Deneys Yacht Club (LDYC) COVID-19 Screening Declaration

Full Names:	
Contact Number:	
Residential Address:	
Contact details of person\’s living at same residence:	
Have you been in contact with anyone who has tested positive for Covid-19 in the past 14 days?	
Do you have sudden onset of any of the following symptoms? Fever \ Cough \ Sore throat \ Shortness of breath / Loss of smell or loss of taste	
Should you respond YES to any of the above symptoms - <ul style="list-style-type: none"> <li>Stay at home</li> <li>Practice self-isolation</li> <li>Contact a medical professional to discuss your symptoms and discuss further actions that may be required. Keep LDYC updated on your condition.-</li> </ul>	
To the best of your knowledge, are you currently free from Covid-19?	
Within 14 days, following entry to LDYC if you develop symptoms of COVID19, there is a moral duty to contact those who may have been infected. Should this occur, parties are to disclose this information to each other as soon as possible.	
By signing this document, I hereby declare that I am in good health	
Signature:	
Date:	