



NORTHERN SUBURBS BRIDGE CLUB

Hendra, Brisbane

HEALTH DECLARATION

Name: _____ Date: _____ Temperature: _____

I **CONFIRM** that I will not attend any Club Bridge session, if immediately prior to attending, I answer **YES** to any of the following questions:

1. I am feeling unwell **OR** have COVID-19 flu-like symptoms.
2. I am required by the Queensland Government to self-isolate as a consequence of Covid-19 coronavirus symptoms **OR** I am awaiting Covid-19 test results.
3. In the last 14 days I have returned from overseas or travelled outside Queensland **AND** I am required by the Queensland Government to self-isolate.

Member Name	Signature	Date