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WALKERS' RIDGE CLEARING SALE 11/07/2020

COVID 19 DECLARATION

- | | | | |
|---|--|-----|----|
| 1 | HAVE YOU TRAVELLED INTERNATIONALLY IN THE LAST 14 DAYS? | YES | NO |
| 2 | HAVE YOU BEEN IN CLOSE CONTACT WITH A PERSON WHO HAS TRAVELLED INTERNATIONALLY IN THE LAST 14 DAYS? | YES | NO |
| 3 | HAVE YOU BEEN IN CONTACT WITH A PERSON DIAGNOSED WITH WITH COVID-19 (CORONAVIRUS) IN THE LAST 14 DAYS? | YES | NO |
| 4 | HAVE YOU WITHIN THE PREVIOUS 72 HOURS EXPERIENCED FLU LIKE SYMPTOMS? | YES | NO |
| 5 | ARE YOU FEELING UNWELL? | YES | NO |

YOUR PERSONAL INFORMATION WILL REMAIN CONFIDENTIAL AND ONLY BE DISCLOSED IN ACCORDANCE WITH THE PRIVACY & PERSONAL INFORMATION PROTECTION ACT 1998 OR BY REQUEST OF NSW HEALTH

DECLARATION:

I, _____ (FULL NAME)
 OF _____ (HOME ADDRESS)

 CONTACTABLE ON _____ (MOBILE NUMBER)

DECLARE THAT I HAVE ANSWERED THE ABOVE QUESTIONS TRUTHFULLY AND TO THE BEST OF MY KNOWLEDGE

SIGNATURE _____ DATE: _____

INTERNAL USE ONLY:

VISITOR ACCESS APPROVED BY: _____

SIGNATURE: _____

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