

IMPORTANT COVID-19 HEALTH DECLARATION

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| • DO YOU HAVE A PERSISTANT NEW COUGH | YES | NO |
| • DO YOU HAVE A FEVER, OR HAVE YOU IN THE LAST 3 DAYS | YES | NO |
| • ARE YOU EXPERIENCING SHORTNESS OF BREATH | YES | NO |
| • ARE YOU SUFFERING FROM LOSS OF TASTE / SMELL | YES | NO |
| • HAVE YOU COME INTO CONTACT WITH SOMEONE EXPERIENCING
SYMPTOMS OF COVID-19 IN THE LAST 14 DAYS | YES | NO |
| • ARE YOU HAPPY TO PROCEED WITH THE CLUB GUIDANCE SENT
AND AGREE WITH THE PROCEDURES. | YES | NO |
| • HAVE YOU RETURNED FROM BEING ABROAD IN THE LAST 14 DAYS | YES | NO |

WATCH FOR SYMPTONS OF COVID-19 AND INFORM YOUR NEXT OF KIN IF YOU HAVE ANY OF THE ABOVE SIGNS.

CHECK THE NHS WEBSITE FOR INFORMATION OR CONTACT NUMBERS.

CALL 111 FOR CORONAVIRUS SERVICE.