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| **COVID-19 Health Declaration for Squash** |
| If you answer YES to any of these questions, you are requested not to enter or use the club facilities today: |

 **QUESTION YES NO**

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| **1** | Do you have any flu like symptoms or do you feel unwell in any way or with a cough, fever, breathlessness, runny nose, sore eyes, sore throat or recent onset of loss of taste or loss of sense of smell? |

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| **2** | Have you or a member of your household transited or returned from a country or area with an elevated incidence of COVID-19 during the past 14 days? |

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| **3** | Have you been in contact with any person who is a confirmed or indeed a suspected case of COVID-19? |

|  |  |
| --- | --- |
| **NAME:** |  |
| **SIGNATURE:** |  |
| **DATE:** |  |

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