

Disclaimer: In the interest of protecting the health and wellbeing of QCC members and visitors, QCC is required to ask its members questions in relation to their travel and health activities; as of day, entering the rally venue. This information is being collected for the purpose of contact-tracing in the event of positive COVID-19 diagnosis involving this rally, as per the Queensland Chief Health Officer's Restrictions on Businesses, Activities and Undertakings Direction, (No. 4), or its successor. Personal information will be stored securely and destroyed after 56 days.

Surname/s:		Given Name/s:			
Street:		Town:	Post Co	Post Code:	
Phone 1:		Phone 2:			
Email:					
1. Have I/we:					
	• Returned from overseas in the past 1	4 days. Yes	No 🗌		
	• Been required to be in self isolation o	r self-quarantine. Yes			
	• Been previously diagnosed with COVI	D-19. Yes			
 To the best of my/our knowledge, been in close contact with a person who or suspected case of COVID-19 in the past 14 days. 				s a reported	
 Been in a COVID-19 hotspot (as defined by the Queensland C past 14 days. 			\bigcap \bigcap i		
	Had or have/had a fever, cough, sore throat, shortness of breath or other cold/flu-like symptoms in the past 72 hours or are otherwise unwell. Yes No				
2. If you have answered YES to any of these questions, you may be referred to the local health authority.					
3.	3. Please provide details of all locations visited and accommodation details for the past 14 days.				
Note: This information is for contact-tracing purposes only, should it be required and maybe shared with police or the Department of Health if requested.					
	LOCATION NAME and ADDRESS	DATES STAYED	<u>TIME IN</u>	TIME OUT	

I/We agree to comply with venue rules and all Government directives, including, but not limited to, social distancing measures and good hygiene practices. I declare that the answers I have provided above are true and accurate for myself and all the listed parties who are residing with me.

Signature: _____ Date: _____