**Health Declaration**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ declare that:

* I have not travelled overseas in the last 14 days;
* I do not have CoVID-19 related symptoms:
	+ fever
	+ flu-like symptoms such as coughing
	+ sore throat
	+ fatigue
* I have not to my knowledge been in close contact with a confirmed known CoVID-19 case;
* I am not required by any State or the Commonwealth Government to be in self-isolation.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_