



COVID-19 Health Screening Questionnaire

Failure to truthfully complete this questionnaire shall be considered a breach of Rule 1001.

Name: _____

Signature: _____

Employer: _____

Role: _____

Date: ____ / ____ / 2020 Mobile Phone Number: _____

1. Have had close contact with a confirmed or probable case of COVID-19?

YES NO (tick one)

If you answered yes, please provide details including date and person you have been in contact with

2. Have you returned from overseas travel in the last 14 days?

YES NO (tick one)

If you answered yes, please provide details of your overseas travel and the date you returned to NZ.

3. Do you think you may have a fever?

YES NO (tick one)

4. Do you have a cough, sore throat or shortness of breath?

YES NO (tick one)

5. Have you experienced a loss of or change in your sense of smell?

YES NO (tick one)

If any of the above questions is answered "YES" the Club must:

- **Instruct the person who completed the questionnaire, and any persons they have been in close contact within during the past 48 hours, that they are immediately prevented from further access to the racecourse conducting the workout, trials or race meeting and instructed to adhere to strict self-isolation.**
- **Advise HRNZ (lbishop@hrnz.co.nz)**