

Marne Clay Shooting Club – Health Declaration

All potential attendees of Marne Clay Shooting Club are required to complete this form and return it to the shoot officer - Tony Masters. Please ensure you read carefully each section and complete with true and accurate information

Once this form has been submitted it is mandatory to report any changes in your information and answers on this form. This document will be securely retained by for a period of 12 months after which it will be destroyed

Name

Phone

| Please answer the following questions | | |
|---------------------------------------|--|--|
| 1 | Have you currently suffering from any of the following <ul style="list-style-type: none"> • A persistant cough • High fever • Loss of taste or smell • Shortness of breath | Yes / No Yes / No Yes / No Yes / No |
| 2 | Have you been exposed to a confirmed case of Covid 19 | Yes / No |
| 3 | Have you previously been diagnosed with Covid 19 If Yes, when did your isolation period end / provid negative infection test details | Yes / No |
| 4 | Have you travelled internationally and returned to the UK with the last 14 days If Yes please state where and return dates | Yes / No |
| 5 | Have you knowingly been in contact with someone who has travelled internationally and returned to the UK with the last 14 days If Yes please state where and return dates | Yes / No |

If you have answered YES to questions 1 and/or 2

You must not attend Marne Clay Shooting Club and follow the government guidelines on self-isolation. If you are concerned for your health you should call the NHS on 111

If you have answered YES to questions 3, 4, or 5

You must provide details to the shoot officer Tony Masters prior to attending Marne Clay Shooting Club. You must not attend until cleared by the shoot officer.

I the undersigned confirm that the information supplied is accurate and true, I will notify Marne Clay Shooting Club of any changes to the information given prior to any attendance

Signed

Date