DAILY HEALTH DECLARATION

League Name:

Date:

By signing next to my name below,

1. I am aware of the symptoms of COVID-19 and other respiratory or communicable illness.
2. I do not currently have any symptoms of COVID-19 or of any other respiratory or communicable illness, and have not had any such symptoms for the past 10 days.
3. I have not been in personal contact with anyone who has COVID-19 or other respiratory or communicable illness for the past 10 days.
4. To the best of my knowledge, I have not been exposed to COVID-19 or other respiratory or communicable illness in the past 10 days.
5. If I develop any symptoms of COVID-19 or of any other respiratory or communicable illness, I will immediately inform the club/manager/board of my symptoms and onset so that the club may take all appropriate precautions.
6. **I have signed a Declaration of Compliance – COVID 19.**
7. I have read and agree to all of the statements set out above.

Name	Signature