



PO BOX 10  
NARANGBA Q 4504

## QWCHC COVID ATTENDEE FORM 2020

EVENT DATES \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TO \_\_\_\_ / \_\_\_\_ / \_\_\_\_

EVENT NAME \_\_\_\_\_

*Please print clearly and complete all sections*

Adult Name: \_\_\_\_\_

Adult Name: \_\_\_\_\_

Adult Name: \_\_\_\_\_

Child Name: \_\_\_\_\_

Child Name: \_\_\_\_\_

Child Name: \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

\*If you are not feeling well or have a cough, sore throat, fever or fatigue, please stay home.

\*If you have travelled from overseas or a Covid-19 hotspot in the last 14 days, please do not attend.

\*If you have been in close contact with a person who is positive for Covid-19 or you are an active Covid case, do not attend.