

# 2020 VICTORIAN SUPERKART CLUB SERIES ROUND 2

## BROADFORD

### MEDICAL FORM – COVID19



First Name:

Last Name:

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Please select:

Driver ☐

Pitt Crew ☐

Administration ☐

Age:

Mobile Phone Number:

Email:

Licence Number:

### COVID-19 DIAGNOSIS

Have you been diagnosed as having COVID-19?

☐ Yes

☐ No

### CONTACT WITH A KNOWN COVID-19 CASE

Have you had contact with a known COVID-19 case in the last 14 days?

☐ Yes

☐ No

### RECENT OVERSEAS TRAVEL

Have you returned from overseas in the last 14 days?

☐ Yes

☐ No

If the answer to any of these questions is YES, YOU MUST SELF ISOLATE AND MUST NOT ATTEND AN EVENT UNTIL 14 DAYS HAS ELAPSED

### DECLARATION:

The information supplied on this form is, to the best of my knowledge true and correct as of to date of submitting this form to the Victorian Supercart Club.

SIGNATURE: \_\_\_\_\_

