MANNING VALLEY HOCKEY ASSOCIATION INC

Date:_____ Time:_____ Site: Canteen /Bar

Surname	Christian Name	Signature	Do you have a fever Yes/No	Do you have a Cough Yes/No	Do you have Respiratory flu like symptoms? Yes/No	Have you recently travelled overseas or been in close contact with a known case of COVID-19 Yes/No	Comments
			If you answer Yes to any of the questions above would you please leave the Taree Hockey Centre				