MANNING VALLEY HOCKEY ASSOCIATION INC Covid 19 Registre

Date:_____ Time:_____ Site: Clubhouse

| 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 | | | | |
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