

CORONAVIRUS (COVID-19) DECLARATION

In the interest of protecting the health and well-being of our guests and staff, prior to you entering Ingenia Holidays, we are required to ask you questions related to your travel and health activities.

Name: Site Number:

Phone Number:

Email address:

I acknowledge that:

- ☐ I/We have not returned from overseas in the past 14 days
- ☐ I/We am not required to be in self-isolation/self-quarantine
- ☐ I/We have not previously been diagnosed with COVID-19
- ☐ To the best of my knowledge, I/We have not been in close contact with a person who has a reported or suspected case of coronavirus (COVID-19) in the past 14 days
- ☐ I/We have not been in a COVID-19 hotspot (as defined by the Chief Health Officer) in the past 14 days
- ☐ I/We have not had a fever, cough, sore throat, shortness of breath or other cold/flu-like symptoms in the last 72 hours and are otherwise well

If you answer yes to any of these questions you may be referred to a local health authority.

This information is for contact tracing purposes should it be required and maybe shared with Police or Department of Health officials if requested

Please list all persons (adults and children) covered by this declaration:

Person 1 (you): Date of Birth:

Person 2: Date of Birth:

Person 3: Date of Birth:

Person 4: Date of Birth:

Person 5: Date of Birth:

Person 6: Date of Birth:

I/We agree to comply with park rules and all Government directives, including but not limited to social distancing measures and good hygiene practices.

I declare that the answers I have provided above are true and accurate for myself and all the listed parties who are residing with me.

Signature: Date: