

# COVID-19 Symptom Checklist

## IMPORTANT – PLEASE READ

This brief form is based on information contained on this Australian Government Website:  
<https://www.healthdirect.gov.au/symptom-checker/tool/basic-details>

It must be completed prior to participating in any face to face freediving activities with Freediving Gold Coast.

**Name of Freediver (Please Print):** \_\_\_\_\_

Please answer the following questions on your past or present medical history by ticking the box marked YES or NO. If you are not sure, answer YES.

	YES	NO
<b>Do any of the following apply to you?</b> Significantly faster or more difficulty breathing? Pain on breathing? Confusion?		
<b>Have you returned from overseas in the past 14 days?</b>		
<b>Have you been in contact with someone who has been diagnosed with COVID-19 in the past 14 days?</b>  <i>A contact is defined as face-to-face contact for more than 15 minutes, or have shared an enclosed space for more than two hours. with someone who has been diagnosed with COVID-19.</i>		
<b>Does you have a fever <math>\geq 37.5^{\circ}\text{C}</math> AND an acute respiratory symptom such as, but not limited to?</b> Shortness of breath? Cough? Sore Throat? Headache?		

I certify that I have answered the above questions accurately and honestly.

I am responsible for omission regarding my failure to disclose any current or past health condition.

If you ticked YES to any of the above symptoms you are unable to participate in any face to face freediving activities with Freediving Gold Coast without approval of your doctor.

**Name of Freediver:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Date:** \_\_\_\_\_