

West Australian Speed Boat Club PO Box 171 Burswood WA 6100

> www.wasbc.com.au wasbc@outlook.com

> > ABN 71 799 221 502

Competitor Questionnaire

Must be complete	ed by Competitor & Crew for contact tracing and attached	d to Scrutineering Form
Event:		Date:
Name:		
Phone Number:		
Email Address:		
Boat Name:		
In the previous 14 da	ays, have You?	
Had any CO	VID-19 symptoms?	YES / NO
If YES, this p	person MUST be excluded from attending the Event	
If NO, Contir	nue to Question 2	
Been in cont	act with any confirmed/suspected COVID-19 case?	YES / NO
If YES, this p	person MUST be excluded from attending the Event	
If NO, Contir	nue to Question 3	
Been require	ed to self isolate?	YES / NO
If YES, this	person MUST be excluded from attending the Event	
If NO, you ar	nd your Crew may participate in the event.	
	vithin the terms of a global COVID-19 pandemic ther rus spread regardless of the considerable precaution	
		YES / NO
·	e check completed as per Temperature Screening flow of Check: (To be conducted by Club Official Only)	chart
< 37	Ok to participate	
>37 & <38	To be retested in 15 min, must read <37 to participa	te
>38	Unable to participate in the event and must leave the venue.	
	(Recommendation to attend COVID-19 Testing Local	ation and/or speak to GP)

The WASBC committee recommends to all members to Download and follow the COVID Safe App. for any up to date information. This is NOT mandatory but highly recommended to further reduce the risk to drivers, officials and volunteers.