GCCFSA COVID-SAFE QUESTIONNAIRE

Please complete and return this form with your show entry.

You should answer as at the time of completing your show entry – you will be asked to update this form on the day of entry to the show and either scan the QR Code or the fill-in the attendance form.

Fu	Il Name:	
Re	sidential Address:	
Сс	ontact Telephone Number/s:	
Qı	uestions:	
1.	Have you tested positive to COVID-19 in the 10 days prior to completing your entry?	Yes 🛮 / No 🗈
2.	Have you been a close contact of someone who has tested positive to COVID-19 in the 10 days prior to completing your entry?	Yes 🛮 / No 🗈
3.	Are you in quarantine at the time of completing your entry? Confirmation of a negative test will be required to enter the show.	Yes 🛮 / No 🗈
4.	Are you exhibiting any of the COVID-19 symptoms?	Yes □ / No □
5.	Have you been vaccinated against COVID-19?	Yes 🛮 / No 🗈
	ease note that completion of this form including the contact details, questions and sig part of your show entry. Your entry will not be processed or accepted without it.	Ining the document is
the arr	ese questions will be updated if you attend set-up, and upon your arrival on show day a show hall. You are currently required to wear a mask, you may have your temperaterival at set-up and vetting-in, and you will be expected to use hand sanitiser. You will a aintain social distancing at all times during set-up, the show and pull down.	ure taken upon
	our signature below is your consent to these safety measures being taken and you under swered these questions honestly. This form will be stored by GCCFSA for contract traci	•
Th	ank you for your cooperation and community spirit in helping to keep everyone safe.	
Sig	gnature:	
Da	ite:	

Update: v02 Feb2022