

Declaration: health, travel and entry to caravan park under NSW Public Health (COVID-19 Restrictions on Gathering and Movement) Order (No 2) 2020

In order to deal with the public health risk of COVID-19 and its possible consequences, the Public Health Order directs that caravan parks and camping grounds must maintain a register of all guests, visitors and contractors for a period of at least 28 days. These records are collected in accordance with the NSW Health *Checklist for COVID-19 Safety in NSW Camping Grounds and Caravan Parks* and will only be used for the purpose of tracing if required and will be stored confidentially and securely.

PURPOSE OF ENTRY

Before you enter Boydtown Beach Holiday Park please select a box to confirm which category you (and any persons accompanying you) are in –

- Guest of Boydtown Beach Holiday Park
- Holiday Van (long term casual) site holder
- Visiting a person staying in the park,

Please specify the name of the person(s) you are visiting:

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- Contractor undertaking work or providing services within the park

In order to take all reasonable steps to protect the health and well-being of everyone in Boydtown Beach Holiday Park and prevent the spread of COVID-19 in the park and our community, please confirm your health and travel history (as well as the health and travel history of any persons accompanying you) –

HEALTH DECLARATION

I confirm each of the statements is true – (tick in the box as acknowledgement of each statement)

- I/we have not returned from overseas in the past 14 days
- I am/we are 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 is a suspected or confirmed case of coronavirus (COVID-19) 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 I am/we are otherwise well

Details for each person accompanying you (if any)

Full Name	Adult or Child	Phone Number	Signature (if adult)

.....
Your Full Name

.....
Date & Time

.....
Email

.....
Phone Number

Signature:.....

OFFICE USE:

GUEST: Site/Cabin number for Guest: _____

CONTRACTOR: Locations in the park the contractor will be working

- Cabin(s):
- Site(s):
- Camp Kitchen:
- Amenities:.....
- Other, specify:

.....

Completed by: