

Brixham Yacht Club

Heritage Rally

PERSONAL LOCATION FORM

Note: - Completion of this form is for the safety and wellbeing of all those attending this event and will be used to notify competitors if it is believed they have come into contact with a person who has been suspected or diagnosed with COVID-19.

NOTE :- It is YOUR responsibility for the safety of others to inform the organisers if you do not feel well or any answer on the form has changed.

Boat Name

Name:

Address

Address during event:

Your mobile Telephone Number

Email Address

Within the last 14 days, have you?

Had close contact with anyone diagnosed as having Coronavirus disease COVID-19	YES	NO
Provided direct care for COVID 19 patients	YES	NO
Visited or stayed in a closed environment with any patient having COVID-19	YES	NO
Worked together in close proximity or sharing any environment with COVID-19 patient	YES	NO
Travelled together with a COVID-19 patient in any kind of conveyance	YES	NO
Lived in the same household as a COVID-19 patient	YES	NO

Signature:

By signing this form, you agree to inform the organisers if at any time you feel unwell