

Rally / Off Road Crews and Official Vehicles with more than one occupant

This form is to provide necessary information to ensure that persons in close contact, by sharing a vehicle cockpit space, have provided an assessment of their current health status in regard to COVID-19 conditions. It will permit those persons to participate as a crew in an event or to carry out official duties at an event. This form is an addition to any other requirements for entry or participation in an event, including the completion of any other Disclaimer.

This form is to be completed by:

- each crew member in a Rally or Off Road vehicle competing at an event; and
- each person who will share a vehicle for official duties at an event such as:
 - Fire and Rescue
 - Safety Car / Course Car
 - Medical Responders
 - Recovery

This form is to be completed each day of an event.

COVID-19 Questionnaire		
Have you been diagnosed with COVID-19 as confirmed with a positive test for COVID-19 (not antibody test)	YES	NO
Have you been in contact with a known COVID-19 positive case in the previous 14 days	YES	NO
Have you been overseas or have been in contact with someone who has been overseas in the previous 14 days	YES	NO
In the previous 24 hours have you/are you experiencing any symptoms of COVID-19 such as: Fever/chills, cough, shortness of breath/difficulty breathing, muscle pains, headache, sore throat, nausea, vomiting, diarrhoea, runny nose, loss of taste or smell	YES	NO

A response of YES to any of the above questions will be reviewed by the event organisers (in conjunction with Event Medical personnel) and may result in attendance at the event being denied.

As per the Motorsport Australia Return to Race Strategy testing of a person's temperature may be conducted at an event.

I understand and agree that my personal data is being processed solely for the purposes of running this Event and may be used for the purposes of COVID-19 infection tracing and will be handled by the organisers in accordance with Motorsport Australia policy.

Details	
EVENT	
EVENT DATE –	_
NAME	
MEMBER/LICENCE ID NO.:	
COMPETITION VEHICLE NO. OR OFFICIAL ROLE:	
SIGNATURE	