MLHD Attendance Sheet Physical Activity Leaders Network – COVID 19 Response 2022

Class Leader/s _____ Class Location _____ Date _____

NAME	Phone Number	Are you well and free from any Covid symptoms (fever, new cough, runny nose)? (If unwell please go home and return when you are symptom free)	Are you a close contact*? (if Yes then please go home and return when can leave isolation)	Signature

Notes: 1. Class leader to retain all copies of this form and share if requested by the Active Ageing Coordinator MLHD Health Promotion

2. Phone numbers are collected should COVID-19 contact tracing be required. 3. * https://www.nsw.gov.au/covid-19/stay-safe/testing/self-isolation-rules

Revised AK May 2022