

COVID-19 MEDICAL DECLARATION



TO BE COMPLETED BY TEAM MANAGER ON BEHALF OF ALL TEAM PLAYERS & MANAGEMENT

Name

Organisation
/Team

Date

I confirm that all players/participants under my management are currently fit and well and have no symptoms consistent with COVID-19 (e.g. fever, persistent dry cough, breathlessness, muscle ache, fatigue) and have not knowingly been exposed to any person with COVID-19.

I understand that any player/ participant attending the session will be sent directly home if they present with fever, respiratory symptoms, travel history or close contact with confirmed cases.

I also confirm that all players/participants are aware of and will abide by the Hong Kong Government Home Affairs Bureau (HAB) guidelines for LCSD grounds and public sports venues that are currently in place with regards to group size, social distancing, sports activities.

TEAM MANAGER SIGN

HKRU COMPETITION MANAGER SIGN

Signed

Print name

Date