

Team Wellness Declaration



Team Name:		
Date:	Division:	Court:

All Players, Team Officials, Physios, allocated Bench Officials and Team/Association Photographers present on any match day should complete a Wellness Survey and be included on your Team Wellness Declaration. The named person must sign this document.

	Name	The person named has completed and passed the Wellness Survey today? YES/NO	Is the person named awaiting the result of any COVID-19 test? YES/NO	Signature of named person (or where the person named is U18 signed by a parent or carer)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
Bench Official				
Bench Official				
Other				
Head Coach				
Assistant Coach				
Manager				
Primary Care/ Physio				
Team Official				
Team Official to Sign				
Team Official Position				