KARNATAKA GOLF ASSOCIATION

No.1 Golf Avenue, Kodihalli, Bangalore - 560008

SELF DECLARATION FORM – MEMBERS

DATE   :   **TIME:**

Areas I intended to Visit within the club

_____

Declaration by Member:

(a) Are you currently serving any Quarantine order, Stay Home Notice, Leave of Absence or 5 days sick leave due to Covid 19 Situation

☐ Yes

☐ No

(b) Do you have Pneumonia or respiratory symptoms (Fever, Cough, Running Nose, breathing problem etc.) or feel unwell ?

☐ Yes

☐ No

(c) Did you in last 14 days, come in contact with any case of Covid 19?

☐ Yes

☐ No

(d) Please confirm you have downloaded **AROGYA SETHU**   Application in your Mobile.

☐ Yes

☐ No

PLEASE PROVIDE YOUR PARTICULARS:

Name	Contact No.
Membership No.	**Date of Birth** **Age**

I AGREE to notify KGA if there is any change in my health and medical status, including diagnosis with COVID19 and/or quarantine, within five (5) days of receiving such information.

I WILL wear a mask at all times during my presence in KGA and will take all reasonable precautionary steps as designated by KGA COVID19 Protocols.

I WILL consent to having my temperature taken by any representative of KGA prior to and during my presence at KGA and will provide any follow up information requested by the representatives of KGA

I ACKNOWLEDGE and ACCEPT that, this declaration will be considered as my consent to KGA to disclose, share and record data with any relevant authority or service provider for the purposes of ensuring the safety and security of any and all persons that may come in contact with me during my presence in KGA

I AFFIRM that all the above statements mentioned are true to the best of my knowledge and I am solely responsible for, any false, wrongful information furnished and shared here.

Signature:_____

Date: _____

The information collected is for the purpose of contact tracing in the event of any COVID-19 incidents.
We thank you for your cooperation.