RECREATIONAL AVIATION AUSTRALIA

# COVID-19 Student Health Declaration (MED002)

Student health declaration form:

I _____ , Member number _____

declare that I do not currently have any published COVID-19 symptoms and have not been in direct contact with anyone who is unwell or has been confirmed to have coronavirus within the past 14 days.

I declare that I am abiding by government directives in place at the time of signing in regards to international travel and isolation requirements (if required).

I agree to notify my instructor within 24 hours if I develop published COVID-19 symptoms in the next 14 days.

Signed _____ Date _____

School name: _____

Received by: _____