



## REQUEST FOR PARTICIPANT VACCINE INFORMATION

PO Box 1034  
Bankstown NSW 1885  
T 02 9722 6600  
[vaccine@hrnsw.com.au](mailto:vaccine@hrnsw.com.au)  
[www.hrnsw.com.au](http://www.hrnsw.com.au)

In anticipation of the NSW Government relaxing some restrictions for persons who are either partially or fully vaccinated HRNSW is seeking your co-operation to provide vaccination information about yourself.

**The provision of this information is entirely voluntary.**

Depending on what government restrictions are relaxed or remain in place the provision of vaccine information may assist HRNSW in how it conducts future race meetings or what procedures may have to be implemented at race tracks.

We would therefore be grateful if you could provide the following information.

Date:

Mr            Mrs            Miss

First Name

Surname

Licence No

Address

Suburb

Post Code

Have you had both Vaccinations?            YES            NO

Date of first vaccination

Date of second vaccination

If not, have you had one vaccination?            YES            NO

Date of first vaccination

Due date of second vaccination

If you have not had a vaccine do you intend having one?            YES            NO

submit to HRNSW