



ACN 119 312 168 ABN 58 515 341 871

STAFF CORONAVIRUS (COVID-19) HEALTH QUESTIONNAIRE

NAME: _____ DAY: _____ DATE: _____

START TIME: _____ FINISH TIME: _____

Are you currently required to be in isolation because you have been diagnosed with coronavirus (COVID-19)? YES NO

Have you been directed to a period of 14-day quarantine by the Department of Health and Human Services as a result of being a close contact of someone with coronavirus (COVID-19)? YES NO

If you answered YES to either of the above questions you should not attend work until advised by the Department of Health and Human Services that you are released from isolation or until your 14-day quarantine period is complete.

If you answered NO to the above questions, proceed to the symptom checklist below.

Are you experiencing these symptoms?

Fever (If you have a thermometer, take your own temperature.

You are considered to have a fever if above 37.5°C) YES NO

Chills YES NO

Cough YES NO

Sore throat YES NO

Shortness of breath YES NO

Runny nose YES NO

Loss of sense of smell YES NO

If you answered YES to any of the above questions you should not enter your workplace (or should leave your workplace). Tell your employer, go home, and get tested for coronavirus (COVID-19).

If you answered NO to all the above questions, you can enter your workplace.

If you develop symptoms, stay at home and seek further advice from the 24-hour coronavirus hotline 1800 675 398 or your general practitioner.

SIGNATURE _____ DATE: _____

