

WORKFORCE CORONAVIRUS (COVID-19) HEALTH QUESTIONNAIRE

We encourage each workforce member (organizing committee, officials, volunteers etc) to complete this questionnaire before starting any shift and give your completed questionnaire to the COVIDSafe Officer for record keeping purposes.

Name: _____ Contact number _____

Date: _____ Time/Date of shift _____

Are you currently required to be in quarantine 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 (DHHS) as a result of being a close contact of someone with coronavirus (COVID-19)?

YES NO

Have you been in contact with someone displaying COVID-19 symptoms in the last 14 days?

YES NO

If you answered YES to either of the above questions you should not attend the event until advised by the Department of Health and Human Services that you are released from quarantine 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 any of these symptoms?

Fever YES NO

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

You are considered to have a fever if above 37.5C)

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 the venue (or you should leave your workplace, if already there).

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.