

COVID-19 Visitors Health Questionnaire

The health and safety of our personnel, their families and our community are our priority. As the coronavirus disease (COVID-19) crisis continues, we are monitoring the situation closely and will periodically update our practices based on current recommendations from Federal and State Governments.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our personnel we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone on this site. Thank you for your cooperation.

Visitor/Contractor Name*:	Personal phone number* (mobile/home):
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Question Answers by Visitor* (Yes / No)	
1	Have you returned from overseas within the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Have you been in close contact with someone with a confirmed case of COVID-19 within the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Have you been in close contact with anyone who has travelled overseas in the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Have you experienced any cold or flu-like symptoms in the last 14 days (includes fever, cough, sore throat, respiratory illness, difficulty breathing)? <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Are you awaiting test results from COVID-19 screening/testing? <input type="checkbox"/> Yes <input type="checkbox"/> No

AAFC Question Facilitator*: _____ **Date*:** _____

Note: Question facilitator is to brief the potential visitor on the following during the conversation (as it is written)
Information collected in this form is limited and on a need-to-know basis for the purpose of minimising the risk of COVID-19 transmission in our workplace and community. Information collected in this form may be provided to the relevant State/Territory/Federal Health Authorities or Work Health & Safety Regulators if by doing so will assist in reducing the risk of COVID-19 transmission in the wider community. The collection, use, storage and disclosure of this information is done so in accordance with the Privacy Act 1988.

- USA or CO to Complete -
Access to facility* (select): Approved / Denied Form Assessed by*: _____ Date*: _____

Completed document to be stored on file in a secure location

NOTE: If ANY of the five questions are answered 'Yes' OR the visitor is 'UNSURE' then entry of the visitor is to be denied