Staff Coronavirus (COVID-19) Health Questionnaire

Staff name: _



Each staff member should complete this questionnaire before starting each shift. Please provide your completed questionnaire to the shift manager to keep as a record.

Date:	Time of shift e.g. 09:00-17:00:		
Are you currently required to be in isolation because you have been diagnosed with coronavirus (COVID-19)?		h	□ №
	to a period of 14-day quarantine by the Department of ces as a result of being a close contact of someone with?	☐ YES	□NO
-	ither of the above questions you <u>should not</u> attend work I Human Services that you are released from isolation or plete.		-
f you answered NO to the a	above questions, proceed to the symptom checklist below.		
Are you experiencing th	ese symptoms?		
	ermometer, take your own temperature. nave a fever if above 37.5°C)	□ YES	□ №
Chills		☐ YES	\square NO
Cough		☐ YES	□NO
Sore throat		☐ YES	□NO
Shortness of breath		☐ YES	□NO
Runny nose		☐ YES	□NO
		☐ YES	

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

You are encouraged to download the COVIDSafe App to assist contact tracing.

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

your general practitioner.