

VISITOR HEALTH DISCLOSURE FORM

Dear Visitor,

Our business has a duty of care to provide a safe workplace and protect all workers on its premises.

We request all visitors to answer the following questions prior to visiting/entering the workplace

Visitor name	Company Name
Date	

Do you have flu-like symptoms such as fever, sore throat, coughing, and shortness of breath?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Returned from overseas or a declared COVID-19 hotspot*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been exposed to a person who has tested positive with COVID-19?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been tested for COVID-19 and not received a negative result?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been placed in quarantine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature	Date
-----------	------

If you answer **YES** to any of the above questions, then we respectfully request that you do not visit/enter our workplace and make arrangements to conduct your business via video conference or telephone.

We appreciate your cooperation to keep our workplace safe during these uncertain times.

IMPORTANT INFORMATION WHEN ENTERING THE WORKPLACE

- Follow social distancing rules – 1.5m outside and 1 person per 4sqm inside
- Wear PPE as requested
- Wash hands/sanitise before entry, during and at the end of your visit
- Do not touch surfaces unless necessary
- If during your visit you feel unwell, please advise a representative of our business and leave the workplace immediately
- Please do not approach workers unless authorised.

*For current declared COVID-19 hotspots, refer to bit.ly/covid19_hotspots