



# ATTENTION

## YOU MUST READ BEFORE ENTERING THIS SITE

**In the last 14 days, have you or someone you have regular close contact with** (such as family, friends, housemates and co-workers etc) **been:**

- Displaying any of the following symptoms similar to the flu:
  - Fever
  - Cough
  - Shortness of breath
  - Breathing difficulties
- Exposed to a person who has tested positive to COVID-19
- Have had a test for COVID-19 without a negative outcome
- Returned from overseas
- Placed in quarantine.

**IF YOU ANSWER YES TO ANY OF THE  
ABOVE PLEASE CONTACT**

**NAME**

**PH**

**BEFORE ENTERING THE SITE**