



Corona Virus (COVID19) – Employee Screening Declaration

Employee Name			
Date	____/____/____		
Time	AM _____ PM		
Who do you report to?			
Question			
1. Do you have a cough?			
2. Do you have a sore throat?			
3. Do you have a fever or high temperature?			
4. Do you have any other cold or flu like symptoms?			
5. Are you having trouble breathing?			
6. Have you tested positive to the Corona Virus			
7. Have you been in contact with anyone that has tested positive to the Corona Virus in the last 14 days			
8. Within the last 21 days have you travelled outside Australia?			
9. If your answer to question 8 was yes: (a) Please state the countries you travelled; and (b) Your arrival date in Australia			
10. Do you feel tired (more than jet lag)?			
11. Have you been in contact with any confirmed cases of Coronavirus (COVID-19) in recent times?			
12. You are well in all other ways			
I the employee named above confirm the answers to the questions above are true the best of my knowledge. Signed: _____ Date:-----/-----/-----			
Site Manager to Complete		Response (Ops manager to fill out)	
Question (To be completed when the employee is on site)			
	Yes	No	Not sure
Does the employee look lethargic when walking?			
Does the employee looked flushed in the face or complaining of hot temperature (could be a sign of fever)?			
Is the employee coughing?			
<i>Note: If there are any responses in Yes or Not Sure columns, the visitor should be provided with a face mask, asked to leave the site and ring the nearest medical centre for advice</i>			
Eligible to enter site	Yes	No	
If no, please detail actions taken and notify HSSE Lead at site immediately			