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)?		☐ YES	□ №
	o a period of 14-day quarantine by the Department of ses as a result of being a close contact of someone with	☐ YES	□NO
	ther of the above questions you <u>should not</u> attend work un Human Services that you are released from isolation or un lete.		
f you answered NO to the a	bove questions, proceed to the symptom checklist below.		
Are you experiencing the	ese symptoms?		
	mometer, take your own temperature. ave a fever if above 37.5°C)	☐ YES	□NO
Chills		☐ YES	□NO
Cough		□YES	□NO
Sore throat		☐ YES	□NO
Shortness of breath		☐ YES	□NO
Runny nose		☐ YES	□NO
			-

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.