

Coronavirus:

26 August 2020

Visitor Health Screening Form – School/CFC Visitors

To prevent the spread of COVID-19 in our community and reduce the risk of exposure to our learners, staff and visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone on this site. Thank you for your time.

Name of visitor			
1	Name of student/child		
(Contact number		
[Date and time of visit		
S	elf-Declaration by Visitor		
١.	Have you returned from overseas or in	iterstate in the last 14 days?	
	□Yes	□No	
2.	Have you been told by Public Health to be in quarantine or to self-isolate at this time?		
	□Yes	□No	
3. Do you have symptoms of an influenza-like illness including fever (e.g. night sweats, chills, high temperat symptoms of acute respiratory infection? (e.g. shortness of breath, cough, sore throat, runny nose)?			
	□Yes	□No	
4.	Have you had close contact with some at work) in the last 14 days?	one known to have a confirmed case of COVID-19 (either in the community OR	
	□Yes	□No	
	you answer yes to any of the above questhis time.	stions (1 to 4) of this screening form, you MUST NOT visit our site in person	
5.	Have you had close contact with some	one awaiting the results of COVID-19 testing in the last 14 days?	
	□Yes	□No	
If you answer yes to question 5, you can visit our site in person.			
pr Co be sit	ovided by you in this form is collected by t OVID-19 and to reduce the risk of exposu used or disclosed by the Department for	coordance with the <i>Personal Information Protection Act 2004</i> . The information the Tasmanian State Service for the purposes of seeking to prevent the spread of ure for our learners, staff and visitors. The information collected in this form may contact tracing in the event of a confirmed case of COVID-19 in a school/CFC ne Commonwealth and other States and Territories if a visitor has recently	
he	The form will be stored securely for a period of 21 days, after which it will be destroyed. If you wish to access the information held during this period, you should contact the school/CFC you are visiting. If you do not provide the information requested, you may be prevented from entering the site.		
	ncknowledge that my personal information is the purposes of facilitating contact tracing	s being collected for the purposes mentioned above and I consent to it being disclosed if required.	
Visitor Signature		Date	