

Staff Coronavirus (COVID-19) Health Questionnaire

We encourage each staff member to complete this questionnaire before starting any shift and give your completed questionnaire to the shift manager for record keeping purposes.

Staff name: _____

Date: _____

Time of shift: _____

Are you currently required to be in quarantine because you have been diagnosed with coronavirus (COVID-19)?

YES NO

Have you been directed to a period of 14-day quarantine by the Department of Health and Human Services (DHHS) as a result of being a close contact of someone with coronavirus (COVID-19)?

YES NO

If you answered YES to either of the above questions you should not attend work until advised by the Department of Health and Human Services that you are released from quarantine or until your 14-day quarantine period is complete.

If you answered NO to the above questions, proceed to the symptom checklist.

Are you experiencing any of these symptoms?

Fever (If you have a thermometer, take your own temperature. You are considered to have a fever if above 37.5C)

YES NO

Chills

YES NO

Cough

YES NO

Sore throat

YES NO

Shortness of breath

YES NO

Runny nose

YES NO

Loss of sense of smell

YES NO

If you answered YES to any of the above questions you should not enter your workplace (or you should leave your workplace, if already there). Tell your employer, go home, and get tested for coronavirus (COVID-19).

If you answered NO to all the above questions, you can enter your workplace.

If you develop symptoms, stay at home and seek further advice from the 24-hour coronavirus hotline **1800 675 398** or your general practitioner.

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