

YOUR HUMMER

YOUR RIDE. YOUR EXPERIENCE.

STAFF CORONAVIRUS (COVID-19) HEALTH QUESTIONNAIRE

NAME: _____ DAY: _____ DATE: _____

START TIME: _____ FINISH TIME: _____

Are you currently required to be in isolation because you have been diagnosed with coronavirus (COVID-19)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you been directed to a period of 14-day quarantine by the Department of Health and Human Services as a result of being a close contact of someone with coronavirus (COVID-19)?	<input type="checkbox"/> YES <input type="checkbox"/> 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 isolation or until your 14-day quarantine period is complete.

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

Are you experiencing these symptoms?

Fever (If you have a thermometer, take your own temperature. You are considered to have a fever if above 37.5°C)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Chills	<input type="checkbox"/> YES <input type="checkbox"/> NO
Cough	<input type="checkbox"/> YES <input type="checkbox"/> NO
Sore throat	<input type="checkbox"/> YES <input type="checkbox"/> NO
Shortness of breath	<input type="checkbox"/> YES <input type="checkbox"/> NO
Runny nose	<input type="checkbox"/> YES <input type="checkbox"/> NO
Loss of sense of smell	<input type="checkbox"/> YES <input type="checkbox"/> NO

If you answered **YES** to any of the above questions you should not enter your workplace (or should leave your workplace). 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.

SIGNATURE _____ DATE: _____

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