## Coronavirus (COVID-19) Health Questionnaire

Name: \_

Date: \_\_\_\_\_



Each attendee should complete this questionnaire before leaving for an event. There is no need to submit your health questionnaire.

Are you currently required to be in isolation because you have been diagnosed with coronavirus (COVID-19)?	□ YES	□ №
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)?	☐ YES	□NO
you answered YES to either of the above questions you should not attend the eventhe Department of Health and Human Services that you are released from isolation lay quarantine period is complete.		
f you answered <b>NO</b> 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)	☐ YES	□NO
Chills	☐ YES	□NO
Cough	☐ YES	□ №
Sore throat	☐ YES	□ №
Shortness of breath	☐ YES	□ №
	☐ YES	□ №
Runny nose		

alert the event manager and immediately isolate. You will need to get tested for coronavirus (COVID-19).

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 the event.

your general practitioner.