



Coronavirus:

23 June 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

Name of student/child (if applicable)

Contact number

Reason for visit

Date and time of visit

Self-Declaration by Visitor

1. Have you returned from overseas or interstate within the last 14 days?

Yes

No

2. Have you been asked to self-isolate or quarantine in the last 14 days?

Yes

No

3. Do you have symptoms of an influenza-like illness including fever OR symptoms of acute respiratory infection? (e.g. shortness of breath, cough, sore throat)?

Yes

No

4. Have you been in close contact with a confirmed case of COVID-19 (either in the community or at work) OR with someone awaiting the results of COVID-19 testing within the past 14 days?

Yes

No

If the answer to any of the screening questions is 'yes', you will be unable to visit our site in person at this time.

Your personal information is protected in accordance with the *Personal Information Protection Act 2004*. The information provided by you in this form is collected by the Tasmanian State Service for the purposes of seeking to prevent the spread of COVID-19 and to reduce the risk of exposure for our learners, staff and visitors. The information collected in this form may be used or disclosed by the Department for contact tracing in the event of a confirmed case of COVID-19 in a school/CFC site visited by you and may be shared with the Commonwealth and other States and Territories if a visitor has recently travelled to or from interstate.

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.

I acknowledge that my personal information is being collected for the purposes mentioned above and I consent to it being disclosed for the purposes of facilitating contact tracing if required

Visitor Signature

Date
