

**COVID-19 (Novel Coronavirus)**

**Visitor/Contractor Entry Form effective from 25 November 2020**

**This form must be completed before your entry otherwise entry will be declined**

To ensure the screening and prevention procedures outlined by the Department of Health are being followed, this form must be completed by all visitors, contractors and volunteers entering our villages. We understand this procedure is a little time-consuming, but it is an important safeguard for all who live, work in, and visit our villages.

| Please answer the following questions before requesting entrance to our Village   |                                   | Y | N |
|---|-----------------------------------|---|---|
| Have you received a 2020 seasonal influenza vaccination?  |                                   |   |   |
| Have you provided certification to confirm the date and type of vaccine administered?   |                                   |   |   |
| Do <b>you</b> or <b>anyone living in your home</b> (including children) currently have any of the following symptoms:   |                                   | Y | N |
| • Fever ( <b>37.5° C or above</b> )   | • <u>Temperature reading now:</u> |   |   |
| • Sore throat, runny nose, shortness of breath, loss of taste or smell  |                                   |   |   |
| • Cough, headache, fatigue  |                                   |   |   |
| • Body aches or pains, diarrhoea, nausea/vomiting or loss of appetite   |                                   |   |   |
| Have <b>you</b> or <b>anyone currently living in your home</b> :  |                                   |   |   |
| • Returned from overseas travel in the last 2 weeks?  |                                   |   |   |
| • Attended a local COVID-19 "Case Location," LGA or suburb as indicated in the latest Scalabrini COVID-19 bulletin and<br><a href="https://www.nsw.gov.au/covid-19/latest-news-and-updates#latest-covid-19-case-locations-in-nsw">https://www.nsw.gov.au/covid-19/latest-news-and-updates#latest-covid-19-case-locations-in-nsw</a> |                                   |   |   |
| • Been in contact with someone who has received a positive test result for COVID-19; or is awaiting a test result for COVID-19; or is suspected of having COVID-19; or who may have been in contact with anyone who has or may have COVID-19  |                                   |   |   |

**Your details and the name/s and location of the residents/staff you are visiting:**

|           |  |          |  |
|-----------|--|----------|--|
| Date      |  | Village  |  |
| Name      |  |          |  |
| Address   |  |          |  |
| Signature |  | Phone No |  |
| Visiting  |  | Room     |  |
| Visiting  |  | Role     |  |

**Thank you for completing this form.**

**The information contained in it will be kept securely and will only be given to NSW Health in the event of an outbreak.**