



# Staff and Student Coronavirus (COVID-19) Health Questionnaire

Each staff member and student must complete this questionnaire before attending any classroom, training vessel, or excursion for the purpose of training.

Please provide your completed questionnaire to the trainer prior to the commencement of each day's training.

Name: \_\_\_\_\_

Are you currently required to be in isolation because you have been diagnosed with coronavirus (COVID-19)?	<input type="checkbox"/> NO <input type="checkbox"/> 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)?	<input type="checkbox"/> NO <input type="checkbox"/> YES

If you answered **YES** to either of the above questions you **must not** attend until advised by NSW Health 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"/> NO <input type="checkbox"/> YES
Chills	<input type="checkbox"/> NO <input type="checkbox"/> YES
Cough	<input type="checkbox"/> NO <input type="checkbox"/> YES
Sore throat	<input type="checkbox"/> NO <input type="checkbox"/> YES
Shortness of breath	<input type="checkbox"/> NO <input type="checkbox"/> YES
Runny nose	<input type="checkbox"/> NO <input type="checkbox"/> YES
Loss of sense of smell	<input type="checkbox"/> NO <input type="checkbox"/> YES

If you answered **YES** to any of the above questions you must not attend training (or should leave). Inform MAST, go home, and get tested for coronavirus (COVID-19).

If you answered **NO** to all the above questions, you may attend training.

If you develop symptoms, stay at home and seek further advice from the 24-hour coronavirus hotline 1800 020 080 or your general practitioner.

You are encouraged to download the COVIDSafe App to assist contact tracing.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ . Temperature: \_\_\_\_\_ Activity: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone number \_\_\_\_\_