



COVID-19 – Health Questionnaire Drivers & Crew

Name: _____

Driver

Crew

Date: ____ / ____ / ____

Time of Completed: ____ : ____

Contact number: _____

Email Address: _____

Are you currently required to be in isolation because you have been diagnosed with coronavirus (COVID-19)?
YES or NO

OR

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) or been to a Medium or High risk area? YES or NO

Are you experiencing these symptoms? (Tick any or all boxes as applicable)

- Fever or signs of fever, such as chills or night sweats
- Cough
- Sore throat
- Shortness of breath
- Runny nose
- Loss of taste or sense of smell

If you answered **YES** to either of the above questions **you are not PERMITTED to be** attending this venue today.

If you answered **YES** to any of the above questions **you are not PERMITTED to enter** this workplace and will need to leave this workplace **AFTER** you immediately advise your Division Rep. You will then need to arrange to get tested for COVID-19, stay home as directed and advise your Division Rep of the outcome of your test as soon as possible.

If you answered NO to all the above questions, you can enter this workplace.