

# COVID-19 Staff Questionnaire

In the interests of maintaining a safe and healthy environment for everyone, we ask that you accurately complete this self-assessment urgently.

For this survey, identifiable data including survey responses, demographics and comments may be made available to nominated administrators within the company. If you have any questions about how this data may be used, please contact \_\_\_\_\_

Your responses will be reported to \_\_\_\_\_ based on the specific rules for this survey. If you have any additional questions, please contact \_\_\_\_\_

		Yes/No
1	Has it been less than 14 days since you've returned from any overseas travel?	
2	Have you had close personal contact* with anyone who has returned from overseas travel within the last 14 days?	
3	Have you had close personal contact with anyone suspected or confirmed to have Coronavirus disease 2019 (COVID-19)?	
4	Are you experiencing: <ul style="list-style-type: none"><li>• Fever</li><li>• Flu-like symptoms such as coughing, sore throat and fatigue</li><li>• Shortness of breath</li></ul>	
5	Are you planning any business or personal travel to any location (International or within Australia) within the next three (3) months?	
6	Optional - Are you, a member of your immediately family, or a member of your household in a high-risk category for developing serious illness from the virus? Please refer to the Department of Health (Commonwealth) website: <a href="https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert#if-you-are-at-risk">https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert#if-you-are-at-risk</a>	

If you have answered 'Yes' to any of the above questions, please provide details (type 'N/A' if not applicable):

---

---

- ☐ I hereby declare the information I have provided is true and correct.
- ☐ I confirm my mobile phone number is with my HR Department and up-to-date.
- ☐ I confirm I either take my \_\_\_\_\_ laptop home on a daily basis or have access to a suitable computer/laptop at home that can access \_\_\_\_\_
- ☐ I confirm I have internet access at home.

Signature

Employee Name

Date

---