

Biosecurity Plan for Queensland Government agencies with employees entering Western Queensland

QUESTIONNAIRE and CERTIFICATE FOR QUEENSLAND GOVERNMENT EMPLOYEES

PERSONAL CONTACT DETAILS		
First Name:	Last Name:	
Residential Address (within the Western Queensland Local Government Areas):		
Suburb/Town:	State: QLD	Postcode:
Phone number:	Alternative phone number:	
Email address:		
HEALTH QUESTIONS		
1. Do you currently have a fever of 38 or above?		
Yes	No	
2. Have you had a fever in the past week including (including symptoms of a fever such as night sweats or chills);		
Yes	No	
2 . Symptoms of acute respiratory infection (including shortness of breath, a cough, sore throat and/or fatigue).		
Yes	No	
3. Have you had close contact* with someone who has a confirmed case of coronavirus (COVID-19)?		
<i>*face-to-face contact for more than 15 minutes, or have shared an enclosed space for more than two hours.</i>		
Yes	No	Unsure
4. Have you returned from overseas or interstate or a COVID-19 hotspot in the last 14 days?		
Yes	No	
5. Have you entered and remained in Queensland since 12:01am on Thursday 26 March 2020?		
Yes	No	



a) If No to the above, was your arrival on or after 26 March exempt from the quarantine requirement under the current Queensland Chief Health Officer's Border Restrictions Directive? **Yes or No**

b) If no to a) above, what is the date the required 14 day quarantine period ended? ____ / ____ / 2020

(For latest list of Queensland Chief Health Officer's Border Restrictions Directives, please visit <https://www.health.qld.gov.au/system-governance/legislation/cho-public-health-directions-under-expanded-public-health-act-powers>)

I declare the above information is a true and accurate statement.

Signature

Date: / / 2020

Health Practitioner Declaration:

I confirm that I have examined the above patient and can confirm that they have not presented with:

- a fever of 38 degrees or above;
- a history of fever (including symptoms of a fever such as night sweats or chills); in the past week or
- symptoms of acute respiratory infection (including shortness of breath, a cough, sore throat and/or fatigue).

Date of Examination: _____ Place of Examination _____

Name of Practitioner

Registration details:

Signature:

