

COVID-19 SELF ASSESSMENT DECLARATION FORM

Personal Information			
Full Name:			
Employer:		Department / Business Unit:	
Location:		Supervisor / CHRC Contact:	

Self- Assessment – To be completed prior to commencing work		
Please answer the following questions and place 'X' in the appropriate <input type="checkbox"/>	NO	YES
I have been medically confirmed to have COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
I have been in direct contact with a confirmed case of COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
I am awaiting medical confirmation of COVID-19 testing results?	<input type="checkbox"/>	<input type="checkbox"/>
I have travelled internationally within the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
I have travelled outside Queensland or to a known COVID-19 hotspot/restricted area within the last 21 days?	<input type="checkbox"/>	<input type="checkbox"/>
I have flu-like symptoms (<i>sore throat, cough, headaches, fever, aches and pains, fatigue, shortness of breath etc.</i>)?	<input type="checkbox"/>	<input type="checkbox"/>
Note: The highest risk rating needs to be applied		

Risk rating – place 'X' in the appropriate <input type="checkbox"/>	Act in line with the dot points below (whichever apply)
<input type="checkbox"/> Low	<ul style="list-style-type: none"> Report for work. No immediate action is necessary – seek medical advice if required. Deliver / send this form to your Supervisor / CHRC Contact.
<input type="checkbox"/> Med	<ul style="list-style-type: none"> Contact your Supervisor / CHRC Contact for approval to attend work. Seek medical advice and testing in accordance with QLD Health requirements. Deliver / send this form to your Supervisor / CHRC Contact. <p>Note: You may be required to self-isolate and not attend work for up to 14 days (or as advised), based on your individual circumstances and risk, as determined your supervisor.</p>
Note: Social distancing guidelines must always be observed. If task cannot be completed safely – contact your Supervisor.	
<input type="checkbox"/> High	<ul style="list-style-type: none"> Contact your Supervisor / CHRC Contact for approval to attend work. Seek medical advice and testing in accordance with QLD Health requirements. Approval to attend work discussion must include: <ul style="list-style-type: none"> Where / why you have travelled How you travelled (mode of transport) What contact you have had and who you travelled with. Deliver / send this form to your Supervisor / CHRC Contact. <p>Note: You may be required to self-isolate and not attend work for up to 14 days (or as advised), based on your individual circumstances and risk.</p>

<p>I declare that the information provided above is true and correct. I understand this form is completed and submitted at the start of each week or roster, regardless of the risk rating.</p> <p>Please inform your Supervisor / CHRC Contact immediately if any of your self-assessment criteria on this declaration form changes during the week / roster, particularly the development of flu-like symptoms or exposure to someone who has flu-like symptoms.</p>	
Signature:	
Date:	

Supervisor / CHRC Contact to Complete
(Required for Medium and High-Risk Assessments)

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Supervisor / CHRC Contact Decision and Action Plan

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**Supervisor / CHRC Contact
Signature:**

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Date:

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