|  |  |
| --- | --- |
| **Employee Name** |  |
| **Address** |  |
| **Telephone number** |  |
| **Email Address** |  |
| **Do you have any underlying health conditions that make you more susceptible to infection?**  |  |
| **Have you travelled overseas or interstate in the last 2 weeks?****If so where did you travel?** |  |
| **Have any of your immediate family or household members travelled overseas or interstate in the last 2 weeks?****Is so where did they travel?** |  |
| **How do you get to work? (public transport, driving, walking)** |  |
| **Do you have school aged children or children who attend day care?** |  |
| **Do you have close contact with the elderly or immune compromised people?**  |  |
| **Could you perform your job at home?****If so, do you have the tools necessary to work from home safely if required?** |  |

**<insert business name> is collecting this information to help ensure your health and safety in the workplace given the current outbreak of COVID-19**

I acknowledge that the above information is correct and undertake to inform **<insert business name>** of the following:

* Any personal travel plans, including actual locations visited
* Of contact with any individual who is diagnosed with COVID-19
* If I am diagnosed with COVID-19
* If I have visited a known outbreak hotspot.
* Any other relevant information regarding potential exposure to COVID-19

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| --- | --- |
| **Employee Signature** |  |
| **Date** |  |