

Coronavirus Declaration

Have you:

Visited or transited through any country outside of Australia in the last 14 days? Yes No

If so, what Country? _____ What day did you arrive back in Australia? _____

Been ill or suffering from a runny nose, chills, cough, aches etc. in the last 14 days? Yes No

Have you ever:**had direct contact, either through family, work or socially, with someone:**

Who has been diagnosed with (Covid-19) in the last 6 months?

Yes No If Yes, Date: _____

Who is currently being tested for coronavirus (Covid-19)?

Yes No If Yes, Date: _____

Who visited or transited through any country outside of Australia in the last 6 months?

Yes No If Yes, Date: _____

If so, what Country? _____ What day did they arrive back in Australia? _____

I declare the above to be true and correct and understand I could be charged and fined under federal laws for making a false declaration

Name: _____ Company: _____

Suburb/Town you live in: _____ Contact Number: _____

AME staff member you are visiting: _____ Nature of the visit: _____

Signature: _____ Date: _____

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Name of Reviewer: _____ Name of Endorser: _____

Date of Review: _____ Approved for visiting AME Yes No

Visitor contacted date: _____ Time: _____

Direction provided: _____