

Coronavirus Declaration

Have you:

Been in hotel quarantine in the last 14 days? Yes No

If so, where? _____ What date did you leave quarantine? _____

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

Been tested for Covid -19 in the last 14 days? Yes No

Visited one of the areas/sites listed on the DHHS website (pls review this before completing this form)

<https://www.dhhs.vic.gov.au/case-locations-and-outbreaks-covid-19>

If so, where? _____ What date? _____

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: _____

Been in hotel quarantine in the last 14 days?

Yes No If Yes, Date: _____

If so, where? _____ What date did they leave quarantine? _____

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: _____