COVID-19 health screening questionnaire – boarding schools and school-based residential facilities

All persons entering the school-based residential facility are to complete this form as per the COVID-19 Risk Management Plan.

Please identify your reason for entering the facility		☐ Staff	☐ Student	☐ Visitor	
First Name:		**Last name:**			
Residential address:					
Suburb/Town:		**Postcode:**			
Phone number:		**Alternative phone number:**			
Email address:					
Date and time of entry:		**Date and time of exit if relevant:**			

Question	Response	Comment/Action
1. Have you been in close contact* with someone who has COVID-19 in the last 7 days? ** You are a close contact if you have been with a person that has COVID-19 for more than four hours in a house or other accommodation, a care facility or similar*	☐ Yes ☐ No	If Yes – You will need to bring masks. These will be worn at all times
2. Are you awaiting test results for COVID-19?	☐ Yes ☐ No	If Yes, do not enter the facility. You cannot enter the facility until your test result is known.
3. In the last 72 hours (3 days) have you had any of the following: • fever ≥37.5 °C • history of a fever (e.g. night sweats, chills) • cough • sore throat • shortness of breath	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	Tick all that apply. If Yes to any of these symptoms, the person must not enter the facility and: • be isolated immediately • be directed to leave the facility if safe to do so. Parents to collect student ASAP • not return to the facility until they have a clearance to do so.
4. In the last 72 hours (3 days) have you had any of the following: • headache • fatigue • loss of smell • loss of taste • muscle pain • vomiting • loss of appetite • runny nose • joint pain • diarrhoea • nausea	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	Tick all that apply. If Yes to any of these symptoms, the person must not enter the facility and: • be directed to leave the facility if safe to do so. Parents to collect student ASAP • not return to the facility until they have a clearance to do so.

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

Signature:	Date: / /
Please print name	