

Staff and visitor screening tool for Residential Aged Care Facilities

For completion by everyone entering this facility, every time (except for repeat entries on the same day and people entering for emergency or law enforcement reasons).

PLEASE DELETE THIS SECTION BEFORE PRINTING:

There are additional rows below for the facility to add site-specific questions and instructions if required.

*Example: Do you have an exemption for wearing a face mask? If **NO**: Please wear a mask at all times while on the facility.*

Staff

Visitor

Other

Name: Phone:

	Yes	No	
1. Do you have <i>any</i> of the following symptoms? <ul style="list-style-type: none"> • fever (high temperature, or chills, night sweats) • a cough • sore throat • runny nose • loss of taste or smell • unexplained shortness of breath? 			If YES: You cannot visit. If you have not had RAT or PCR test for COVID-19 since getting these symptoms, book a test (phone 1800 671 738) or take a RAT. Do not visit until your symptoms have stopped or you have completed isolation if required.
2. In the last 7 days, have you been notified you are a close contact?			If YES: You cannot visit unless you are a staff member and have returned a negative RAT AND are wearing a mask.
3. Have you been instructed by Public Health to be in isolation, or avoid high risk settings, at this time?			If YES: Go home, unless you have written exemption from the Director of Public Health or their delegate, to enter the facility.

I declare the information I have provided is accurate and correct to the best of my knowledge.

Signature: _____

Date: / /