

Declaration

This declaration is required to confirm your legal right to work in Australia under recently introduced Australian Government regulations and to minimise risk of the spread of COVID-19.

| PLEASE SELECT FROM THE FOLLOWING AND CONFIRM WHETHER YOU: | |
|--|---|
| <input type="checkbox"/> HAVE <input type="checkbox"/> HAVE NOT | Returned from overseas since 10 March 2020 |
| <input type="checkbox"/> HAVE <input type="checkbox"/> HAVE NOT | Come into contact with a relative, friend or associate who has returned from overseas since 10 March 2020 |
| <input type="checkbox"/> DO <input type="checkbox"/> DO NOT | Have flu like symptoms such as fever, coughing, sore throat or difficulty breathing |
| <input type="checkbox"/> HAVE <input type="checkbox"/> HAVE NOT | Been in contact with a confirmed case of COVID-19 |

| If you have returned from overseas since the 10th of March 2020, please answer the following questions: | |
|---|--|
| What date did you return to Australia? | |
| Which countries did you travel to? | |

| If you have been in contact with anyone who has returned since the 10th of March 2020, please answer the following questions: | | |
|---|------------------------------|-----------------------------|
| What relationship do you have with this person? | | |
| When did they return to Australia? | | |
| Where did they travel? | | |
| Do you live with them? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| Please add any further comments or information you would like to provide: |
|---|
| |

| | | |
|---|--|--|
| <input type="checkbox"/> | I will advise my M ^c Arthur Consultant immediately should any of the above circumstances change | |
| Name: | Date: | |
| Signature: | | |
| <p><i>Digital signature here or reply email with completed form attached acknowledging information is correct</i></p> | | |