

COVID-19 DECLARATION

Dear Sir/Madam,

To minimise the risk of coronavirus spread, could you please advise if you have the following symptoms of coronavirus:

- Fever
- Sore throat
- Cough
- Fatigue
- Difficulty breathing

In addition, please let us know if you:

- Have developed coronavirus (COVID-19)
- Have returned from overseas in the past 14 days and have developed respiratory illness with or without fever
- Have been in close contact with a confirmed coronavirus (COVID-19) case in the past 14 days and have developed respiratory illness with or without fever
- Have severe community-acquired pneumonia, and there is no clear cause
- Are a healthcare worker who works directly with patients and have a respiratory illness and a fever
- Have recently self-quarantined

If you answered 'yes' to any of the above items, please notify us as a matter of urgency prior to entry by telephoning / emailing us on jess@diagrind.com.au

Phone _____ Email _____

Name _____

Address _____

Signature _____ Date ____/____/____

Print Name _____