

Personal Health Checklist

BEFORE YOU LEAVE HOME

Purpose

To make sure any individual coming into contact with us or joining an activity is considered COVIDSafe by having completed this self-questionnaire beforehand. The questions in this checklist will be asked and response recorded at each location as part of registration for contact tracing purposes.

Action

Each individual must complete this self-questionnaire before engaging in any activity, including attending work, volunteering or visiting a lifesaving facility, patrolling, participating in a program, etc. to determine whether they are COVIDSafe to participate.

| | |
|---|--|
| Are you currently required to be in isolation because you have been diagnosed with COVID-19? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Have you been directed to a period of 14-day quarantine by the Department of Health and Human Services as a result of being a close contact of someone with COVID-19? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

If you answered **YES** to either of the above questions you **should not engage in any activity, until advised by the Department of Health and Human Services that you are released from isolation or until your 14-day quarantine period is complete.**

If you answered **NO** to the above questions, proceed to the symptom checklist overleaf.

Are you experiencing these symptoms?

| | |
|--|--|
| Fever (if you have a thermometer, take your own temperature. You are considered to have a fever if above 37.5°C) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Chills | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Cough | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Sore throat | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Shortness of breath | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Runny nose | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Loss or change in sense of smell or taste | <input type="checkbox"/> YES <input type="checkbox"/> NO |

If you answered **YES** to any of the above questions you should **should not engage in any activity**. You should get tested for COVID-19, go home, and stay home until you receive your test results.

If you answered **NO** to all the above questions, you may engage in the activity, provided you:

- Maintain physical distancing (1.5 metres) and avoid interactions in close spaces.
- Wear a mask or face covering and avoid touching your face and eyes.
- Practice good hygiene, particularly hand hygiene before putting on a mask, after coughing, sneezing, or touching your face, and before and after eating, drinking, toileting, using communal spaces and entering or exiting buildings.
- Communicate immediately with your manager, LSV or Club COVIDSafe Coordinator or person managing the activity if you feel unwell.

If you develop symptoms, stay at home and seek further advice from the 24-hour coronavirus hotline 1800 675 398 or your general practitioner. You are encouraged to download the COVIDSafe App to assist contact tracing.

For more information about COVID-19, please visit www.vic.gov.au/coronavirus

References:

1. [Victorian Government Staff Coronavirus Health Questionnaire](#)