



COVID-19 Personal Disclosure Statement

All employees are required to complete this form prior to commencing employment.

It is recommended that declaration forms be retained as a workplace record. In addition to this declaration, it is recommended that after each shift, the **Employee Daily Declaration Form** is obtained from each employee covering their movements and list of close contacts.

EMPLOYEE DETAILS	
Employee name:	
Date of birth:	
Address:	
Telephone number:	
Email address:	
SA residency status:	<input type="checkbox"/> SA resident <input type="checkbox"/> SA resident - interstate <input type="checkbox"/> A border resident ¹ <input type="checkbox"/> A seasonal worker visa holder <input type="checkbox"/> A working holiday visa holder
Do you have any underlying health conditions that make you more susceptible to infection? Please detail as appropriate	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you travelled from overseas or interstate in the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any of your immediate family or household members travelled from overseas or interstate in the last 14 days? If 'YES' where did they travel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been identified in the last 14 days as a close contact (as defined by SA Health) of someone who has COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered 'YES' to any of the above questions, have you completed 14 days of self-isolation? If so, where and when? Please specify the address and contact details where you completed your self-isolation	<input type="checkbox"/> Yes <input type="checkbox"/> No

¹ Border resident is defined as a person who resides near the South Australian border and routinely travels to a near location across the border for work.

<p>Have you been tested for COVID-19?</p> <p>If 'YES' please state when and any subsequent action taken</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you experienced any COVID-19 symptoms in the past 48 hours? (i.e. cough, fever, sore throat, loss of sense of smell and taste etc)</p> <p>If 'YES' please describe them</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>How do you travel to and from work? (public transport, driving, walking). Please specify</p>	

Your employer is collecting this information to help ensure your health and safety in the workplace given the current COVID-19 pandemic.

I acknowledge that the above information is correct and undertake to inform my employer of the following*:

- Any personal travel plans, including actual locations visited
- Any contact with any individual who is diagnosed with COVID-19
- If I am diagnosed with COVID-19
- Any other relevant information regarding potential exposure to COVID-19

Employee signature

Date

*Failure to comply with these statements may lead to an on-the-spot fine of \$1,000