

Person completing  
this checklist:



Date completed:

## Covid-19 checklist

# For Offsite Visits To Customers & Clients

Full name of employee visiting client or customer:

Visiting who (name of client/customer/external providers):

Date of meeting:

*\*Before you attend an offsite meeting with clients or customers, its important you obtain the below information from the client or customer in writing or verbally 1 to 2 days before the meeting is due to occurs for your own health and safety.*

**All questions must be answered by the client or customer with No, in order to proceed with the meeting**

Questions to send or ask the client or customer	Please tick one option below	
Have you been diagnosed with Coronavirus (COVID-19)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been a patient of a hospital in the last four weeks for respiratory symptoms (pneumonia) or coronavirus related illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In the last 14 days have you developed any of the following symptoms such as;  Loss of taste or smell of food, fever, cough, sore throat, fatigue or shortness of breath?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In the last 14 days have you travelled overseas or interstate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In the last 14 days do you believe you have been in close contact with a confirmed case of coronavirus (COVID-19)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In the last 14 days have you been recommended to self-isolate or quarantine following advice from: <ul style="list-style-type: none"><li>• National or state COVID-19 hotline?</li><li>• A registered medical or nursing practitioner?</li><li>• COVID-19 trained health clinic triage staff?</li></ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In the last 14 days have you suffered from a cold or flu (Influenza)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Additional comments:		