

Person completing
this checklist:



Date completed:

Covid-19 checklist

For Visitors to IA's Residential Houses

Full name of visiting/s:

Why is the visit required:

Visiting who:

Date of visit:

Time of visit:

**Before you allow the visitor onsite, it's important you obtain the below information from the visitor in writing before the visit can go ahead onsite. This is for all staff members and other clients' health and safety in the residential house.*

All questions must be answered by the visitor with NO, in order to proceed with the visit onsite.

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">• National or state COVID-19 hotline?• A registered medical or nursing practitioner?• COVID-19 trained health clinic triage staff?	<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:		