

# NVEEC – Facility Health Screen Questionnaire

All persons entering the **Numinbah Valley Environmental Education Centre** to undertake education programs are to complete this form as per the COVID-19 Operational Plan.

Please identify your reason for entering the facility	<input type="checkbox"/> Staff	<input type="checkbox"/> Student	<input type="checkbox"/> Visitor
First Name:	Last name:		
Residential address:			
Suburb/Town:	Postcode:		
Phone number:	Alternative phone number:		
Email address:			
Date and time of entry:	Date and time of exit if relevant:		

Question	Response	Comment/Action
1. Have you returned from interstate in the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please answer Question 2 If No, proceed to Question 3
2. If Yes to Question 1, was your arrival exempt from the quarantine requirements under the current Queensland Chief Health Officer's Border Restrictions Directive?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If No – quarantine requirements apply. Do not enter the facility and return to your place of quarantine immediately.
3. Have you returned from overseas in the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes – quarantine requirements apply. Do not enter the facility and return to your place of quarantine immediately.
4. Have you been in a COVID-19 hotspot in the last 14 days? Check the following Queensland Health website: <a href="https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/current-status/hotspots-covid-19">https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/current-status/hotspots-covid-19</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes – quarantine requirements apply. Do not enter the facility and return to your place of quarantine immediately.
5. Have you been in <b>close contact*</b> with someone who has COVID-19 in the last 14 days? <i>*face-to-face contact for more than 15 minutes in total over the course of a week or have shared an enclosed space for more than two hours</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes– quarantine requirements apply. Do not enter the facility and return to your place of quarantine immediately. Staff should check with the public health unit before allowing the person into the facility.
6. Are you awaiting test results for COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, do not enter the facility. You cannot enter the facility until your test result is negative.



Question	Response	Comment/Action
<p>7. In the last 24 hours have you had any of the following COVID-19 symptoms:</p> <ul style="list-style-type: none"> <li>• fever <math>\geq 37.5</math> °C or history of a fever</li> <li>• fatigue</li> <li>• cough</li> <li>• sore throat</li> <li>• shortness of breath</li> <li>• runny nose</li> <li>• Loss of smell and/or taste</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<p>Tick all that apply.</p> <p>If Yes to any of these symptoms, the person must not enter the facility and should seek medical advice re: the need for COVID-19 testing.</p>
<p>8. Are you currently experiencing other flu-like symptoms or illness? Examples may include:</p> <ul style="list-style-type: none"> <li>• headache</li> <li>• muscle pain</li> <li>• vomiting</li> <li>• loss of appetite</li> <li>• joint pain</li> <li>• diarrhoea</li> <li>• nausea</li> </ul>	<input type="checkbox"/> Yes	<p>If Yes, the person must not enter the facility while experiencing symptoms and should seek medical attention if required.</p>
<p>I declare that the above information is a true and accurate statement.</p>		
<p>Signature:</p>		<p>Date:        /        /2021</p>
<p>Please print name</p>		

*The Department of Education is collecting personal information of individuals attending Numinbah Valley Environmental Education Centre, in accordance with the Information Privacy Principles prescribed under the Information Privacy Act 2009 (Qld), to enable the Department to comply with its obligations under the Public Health Act 2005 (Qld) and Disaster Management Act 2003 (Qld). This information will only be accessed by authorised staff within the department. Your personal information may be provided to staff from QLD Health for the purposes of contact tracing, but will not be given to any other person or agency without your permission unless required by law.*