



**Close Contact** - A close contact is someone who has been face to face for at least 15 minutes, or been in the same closed space for at least 2 hours, as someone who has tested positive for the COVID-19 when that person was infectious. (information taken from Health NSW website

<https://www.health.nsw.gov.au/Infectious/factsheets/Pages/novel-coronavirus-close-contact.aspx> )

**Have you been in close contact to anyone who has a confirmed case of COVID-19?**

YES  NO

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**Signs and Symptoms:**

- fever
- cough
- shortness of breath
- other early symptoms to watch for are chills, body aches, sore throat, headache and runny nose, muscle pain or diarrhoea

**Have you had any or a few of these symptoms in the last 14 days?**

YES  NO

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**Have you travelled overseas to any country in the last 14 days?**

YES  NO

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I agree to practice preventative measures from exposure to the COVID-19 virus. These include but are not limited to:

1. You ensure you conduct social distancing protocol as advised by the Australian government. Keep a minimum of 1.5 metres away from any person on site at all times.
2. Use hand sanitiser or wash your hands for 20 seconds before & after entering the weighbridge, touching handles or coming into contact with one of our staff members.
3. If you use our amenities, please ensure you wash your hands prior and after use and keep our amenities tidy and wipe over after use.
4. If you need to cough please cough into your elbow, shoulder or tissue and dispose of the tissue in the bin
5. Please use your own pen if needed or wipe down ours after use.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

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### Updated Declaration

Have you been in close contact to anyone who has a confirmed case of COVID-19?

YES  NO

Have you had any or a few of these symptoms in the last 14 days?

YES  NO

Have you travelled overseas to any country in the last 14 days?

YES  NO

I have been practicing safe preventative measures as outlined prior?

YES  NO

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

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YES  NO

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YES  NO

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Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

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