

CASR LAB ACCESS during COVID-19

Self-Declaration Checklist

To be completed by **ALL** contractors, students and visitors prior to each site entry.

Full Name:					
Company:					
Email:					
Telephone:		Date:		Time:	

Contractors, students or visitors **MUST NOT** enter/remain on the site if they answered **YES** to any of the following questions.

	YES	NO
Do you have any of the following symptoms?		
Elevated temperature		
Persistent cough		
Sore throat		
Shortness of breath		
Have you been diagnosed with COVID-19?		
Have you been in contact with a confirmed case of COVID-19?		
Have you or someone in your household returned from interstate or international travel in the last 14 days?		
Have you or someone in your household been directed to self-isolate and/or is awaiting the results of a COVID-19 test?		

While visiting CASR I agree to observe social distancing measures and proper hand hygiene.

***** I agree that I have read and understand this CASR Self-Declaration Checklist and have answered all questions truthfully.**

Signature of visitor/contractor/student	
Signature of person conducting the induction	

/ /
DATE

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