



COVID-19 Screening Questionnaire For Contractors travelling within the Kimberley (Remote Aboriginal Communities)

TRAVELLER INFORMATION	
Name:	
Employer:	
Position:	
Mobile phone contact:	
Email contact:	
Date Questionnaire completed:	
WORKS REQUIRED	
Location of works:	
Proposed dates of work:	
Nature of Work/Job:	
In the last 14 days, have you been:	YES/NO (Pls Circle)
Overseas?	YES/NO
Outside of the state (WA)?	YES/NO
In any location under lockdown directions?	YES/NO
To your knowledge have you been in close contact with a confirmed case of COVID-19?	YES/NO
Have you visited any locations visited by a confirmed case at the date and time listed on the HealthyWA website?	YES/NO
Do you or have you had a fever of 37.5 degrees or above?	YES/NO
Do you or have you had a cough, sore throat, runny nose, shortness of breath, new loss of taste or smell?	YES/NO
Should staff answer “yes” to any of the above questions further assessment will be required	
Have you had a COVID Vaccine? <ul style="list-style-type: none"> • Dose 1 <input type="checkbox"/> • Dose 2 <input type="checkbox"/> 	YES/NO

Declaration

I _____ (*insert name*) declare that the above information is correct to the best of my knowledge. I am aware that if I develop any symptoms including fever/chills, cough, shortness of breath or cold/flu symptoms I will not attend the to the job site and advise KAMS immediately of my condition.

Office Use only:

Works confirmed by (name & position): _____

Forward to Exec Assistant for CEO Approval