

# COVID-19 QUESTIONNAIRE

The following questionnaire may be used in parish offices to help assess face-to-face meetings.

	YES	NO
<b>Have you been to any of the following locations in the past 14 days?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>• Mainland China</li><li>• Hong Kong</li><li>• Macau</li><li>• South Korea</li><li>• Iran</li><li>• Italy</li><li>• Japan</li></ul>		
<b>Have you been in close contact with anyone who is a confirmed COVID-19 case in the 14-days before your visit?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Are you under a quarantine order?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Do you live with anyone under a quarantine order?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Are you experiencing any of the following symptoms?</b>		
a. A temperature of 38.0°C / 100.4°F and above	<input type="checkbox"/>	<input type="checkbox"/>
b. Cough and runny nose	<input type="checkbox"/>	<input type="checkbox"/>
c. Sore throat	<input type="checkbox"/>	<input type="checkbox"/>
d. Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
e. Headaches	<input type="checkbox"/>	<input type="checkbox"/>
f. Gastrointestinal upset	<input type="checkbox"/>	<input type="checkbox"/>
g. Lethargy/Fatigue/Tiredness/Body aches	<input type="checkbox"/>	<input type="checkbox"/>

In accordance with current health advice received from the Victorian Department of Health, if you have selected **YES** to any of the above questions, visitor access is denied. Thank you for your understanding.

