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| This screening tool is used to decide if it is safe for you to enter the Alexander Maconochie Centre today.  All visitors entering the Centre need to answer the following screening questions. Please complete and print this form prior to your visits. If you need help filling this out, please talk to a staff member at the Visits Reception.  Our highest priority is to ensure that our staff and those in our care remain safe. |

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| **Visitor Details** | | | |
| **Full Name** |  | | |
| **Residential Address** |  | | |
| **Date of Birth** |  | **Phone Number** |  |
| **Reason for Visit** | Social Professional Contractor | | |
| **Screening Questions** | | | |
| **In the past 24 hours have you had any of the following symptoms?**  (please select even if your symptoms are mild) | | | |
| Fever, chills or night sweats | | Yes No | |
| Cough | | Yes No | |
| Shortness of breath | | Yes No | |
| Loss of smell | | Yes No | |
| Loss of taste | | Yes No | |
| Any of the following COVID-19 symptoms:   * sore throat * fatigue * runny nose * muscle pain * joint pain * diarrhoea * nausea/vomiting * loss of appetite. | | Yes No | |
| **Travel Questions** | | | |
| **In the past 14 days have you:** | | | |
| Knowingly been in close contact with a confirmed case of COVID-19? | | Yes No | |
| Returned from overseas or a cruise ship? | | Yes No | |
| Returned from or were in the following NSW locations in the last 14 days?   * All of South Australia | | Yes No | |
|  | | | |
| **Date** |  | | |
| **Signature of Visitor** |  | | |

*ACT Corrective Services is collecting this information for use to screen entry of all individuals seeking to enter the Alexander Maconochie Centre and if required, for contact tracing purposes.*

*ACT Corrective Services will not use or disclose your information for any other purpose (unless it is required by or authorised under law to do so).*