



Health Questions

Each family member above the age of 18 years and attending Mass must complete, sign and return this form together with the Mass Registration form.

Name: _____

Contact Number: _____ Date: _____

	Yes	No
1. Have you entered Australia from overseas by air or sea on or after 1st April 2020? If yes: Entry date _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you completed self-isolation for 14 days after entering Australia? Start date _____ End date _____	<input type="checkbox"/>	<input type="checkbox"/>

2. Have you had close contact with a confirmed case of COVID-19 in the last 14 days? *	<input type="checkbox"/>	<input type="checkbox"/>
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3. Have you been in self-isolation for any reason? If yes: Start date _____ End date _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any of the following symptoms? <ul style="list-style-type: none"> • fever • chills or sweats • cough • sore throat • shortness of breath • runny nose • loss of sense of smell • headache • muscle soreness • stuffy nose • nausea • vomiting • diarrhoea If yes, circle symptoms	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you downloaded the COVIDSafe app?	<input type="checkbox"/>	<input type="checkbox"/>

***A close contact is someone who has been face to face for at least 15 minutes with someone who has tested positive for COVID-19 or been in the same closed space for at least 2 hours, when that person was potentially infectious.**

I will contact the Parish Office on 5998 0947 should I develop any of the above symptoms prior to attending Mass.

Signature

Date