

CORONAVIRUS (COVID-19) SCREENING TEST CHECKLIST



| | | | |
|----------------|--|----------------------|--|
| Project | | Date of Check | |
|----------------|--|----------------------|--|

| | | | |
|--------------------------------------|--|--|--|
| Person/s Conducting Checklist | | | |
|--------------------------------------|--|--|--|

| | | | |
|--------------------|--|--------------|--|
| Worker Name | | Trade | |
|--------------------|--|--------------|--|

| # | Checklist Criteria | | Comments/Required Action |
|----|---|--|--------------------------|
| 1. | In the past 14 days have you returned from overseas or travelled interstate? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. | Have you, or anyone you live with been directed to self-isolate? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. | Have you had contact with a suspected or confirmed case of Covid-19, or a person under monitoring for Covid-19? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. | Have you had flu-like symptoms, including fever >38 °C, cough, difficulty breathing and/or muscle aches? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5. | Are you currently experiencing any of the following: fever (>38 °C), cough or difficulty breathing? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6. | In the past 14 days, have you had any close contact** with a person who has been diagnosed with Covid-19 or anyone exhibiting the symptoms listed above? ** Having cared for, lived with or having had direct contact with respiratory secretions of a person with Covid-19. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7. | Are you currently under Quarantine as prescribed by a doctor or public health authority? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|--------------------|--|-------------------|--|-------------|--|
| Worker Name | | Signature | | Date | |
| Company | | Contact No | | | |

Office use only

| Testing Results | | |
|-------------------------------------|-------------------------------------|-------------------------------------|
| 1 st Temperature Reading | 2 nd Temperature Reading | 3 rd Temperature Reading |
| _____ Degrees C | _____ Degrees C | _____ Degrees C |

| Testing result outcome | | | Comments |
|------------------------|---|--|----------|
| 1. | Result <38.0 degrees celsius the workers return to work without prejudice. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. | Result 38.0 degrees celsius or >, worker requested to leave site and to contact the relevant health authorities and/or GP for further health advice or screening. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. | As a precautionary measure in agreement with the worker they have been requested to seek further medical advice. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Authorisation / Approval

| | | | | | |
|------------------------|--|------------------|--|-------------|--|
| Tester Name | | Signature | | Date | |
| Project Manager | | Signature | | Date | |