



Parliament of Tasmania COVID-19 Visitor Screening Checklist

Name:	Personal Phone Number:
Address:	Purpose of Visit:
Organisation:	Date and Time of Visit:

Self-Declaration by Visitor

1	Do you feel unwell with fever (or signs of fever e.g. night sweats, chills), or have you felt feverish or had a temperature recently? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
2	Do you feel unwell with cold/flu-like symptoms, e.g. cough, sore throat and some shortness of breath? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
3	Is anyone in your household unwell with any cold or flu like symptoms like a cough or sore throat, or had a fever or temperature recently? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
4	Have you been in contact with a confirmed or suspected COVID-19 case in the last 14 days? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
5	In the last 14 days, have you arrived in Tasmania from interstate or overseas? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
6	Have you been in contact with anyone that has travelled outside of Tasmania in the last 14 days? Yes: <input type="checkbox"/> No: <input type="checkbox"/>

If the answer is “yes” to any of the questions, access to the Parliament will be denied.

Signature (visitor): _____ Date: _____

The information collected in this form will be managed in accordance with the Parliament’s Privacy and Personal Information Policy.