

COVID - 19

SWEERS ISLAND RESORT COVID-19 HEALTH DECLARATION

We are an Island resort within a Remote Biosecurity Area, we have a Vulnerable Aged resident population, and in order to re-open to guests during this Pandemic, we are required by Law to follow a strict COVID Safe Management Plan to ensure that we do our best to keep the CoronaVirus off the island. There are NO medical facilities here so we have no way of knowing whether your cough or sneeze is a common cold, we have to assume it could be COVID-19.

Anyone arriving on the island with symptoms will be asked to leave immediately, & urged to get tested as soon as they get home.

In the interest of protecting the health and well-being of our guests and staff, we are required to ask you questions related to your travel and health. All information is confidential and may only be shared with health authorities in the event of someone testing positive to COVID-19.

We ask that you apply a serious degree of honesty and responsibility when responding to the following questions, to ensure that we can do our best to prevent bringing COVID-19 onto the island, so that everyone can enjoy a relaxed & healthy fishing holiday.

COVID-19 SYMPTOMS – Please mark each Symptom 'Yes' or 'No'			
Symptoms	YES	NO	If Yes, Additional Info (eg: Date Symptoms Began)
Fever or Chills			
Cough			
Sore Throat			
Shortness of Breath			
Altered sense of Taste/Smell			
COVID-19 RISK FACTORS – Please answer each Question individually			
Respond to each Question below:	YES	NO	If Yes, Additional Info:
Do you have COVID-19 (CoronaVirus) now?			
Have you been in contact with anyone who has COVID-19 (CoronaVirus) in the past fortnight?			
Have you had Covid-19 in the past 10 days?			
Do you still have any lingering Symptoms? (List any lingering cough etc)			
During the past WEEK have you had a fever, cough, sore throat, shortness of breath, runny nose, loss of smell and/or taste, diarrhoea, vomiting/nausea or other cold/flu-like symptoms?			
Have you received the Covid Vaccination? List 1,2,3,4 etc.			
Is it more than 3 months since your last Covid Jab?			
Have you received your Booster? If not, when is it due?			
Do you suffer from Sinus or Hay Fever?			
Name	Date Of Birth	Signature	
GROUP:			
Email	Phone	Home Address	
Date of Arrival onto the island:	/ /	Date of Departure:	/ /

* Persons providing false information will be referred to the Queensland Police and may face fines of up to \$13,345

(Office Use Only) **Checked by:**

Date: / /

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