

COVID - 19

SWEERS ISLAND RESORT COVID-19 HEALTH DECLARATION

We are an Island resort within an isolated Biosecurity Area, 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 to test or treat this Virus 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 presenting with COVID-19 symptoms on the island or on their return home.

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 or transmitting it back to the mainland.

COVID-19 SYMPTOMS – Please mark each Symptom 'Yes' or 'No'			
Symptoms	YES	NO	If Yes, Additional Info (eg: Date Symptoms Began)
Fever			
Cough			
Sore Throat			
Fatigue			
Shortness of Breath			
COVID-19 RISK FACTORS – Please answer each Question individually			
Respond to each Question below:	YES	NO	If Yes, Additional Info (eg: Names, Locations, Dates)
Do you have COVID-19 (CoronaVirus)?			
Have you been tested for COVID-19 (CoronaVirus)? What was your result?			
Have you been previously diagnosed with COVID-19 (CoronaVirus)?			
Have you been in contact with anyone who has COVID-19 (CoronaVirus)?			
Have you been in a COVID-19 HOTSPOT (defined by the Chief Health Officer) in the last 14 days?			
Have you been in an area where there has been Community Transmission in the last 14 days?			
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 in the last week?			
Have you or anyone in your family been exposed to a Common Cold or Flu in the past week?			
Have you seen a doctor in the last 2 weeks?			
Have you received the Covid Vaccination?			
Do you suffer from Sinus or Hay Fever?			
Name		Date Of Birth	Signature
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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