



## COVID – 19 INDIVIDUAL HEALTH DECLARATION

As part of our Pandemic preparedness response and our commitment to Health, Safety and Wellbeing, all visitors and contractors are required to answer this questionnaire as part of their condition of entry to site

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company/Department visiting: \_\_\_\_\_

Reason for visit: \_\_\_\_\_

Please answer the following questions:

1. Have you or a family member travelled outside New Zealand since 1<sup>st</sup> March 2020? **Yes / No**
2. Have you or a family member been identified as a “close contact” (definition below) with someone who has been confirmed as having COVID-19? **Yes / No**
3. Have you had close contact with any person (family, friend or colleagues etc.) who is self-isolating due to COVID-19? **Yes / No**
4. Have you or a family member experienced any of the following symptoms in the past 14 days?  
 **Coughing**  
 **Difficulty breathing**  
 **High temperature**
5. If you show symptoms of or contract COVID-19 at any time, you will notify South Port immediately

In signing this form, I declare that to the best of my knowledge, all information provided is true & correct

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

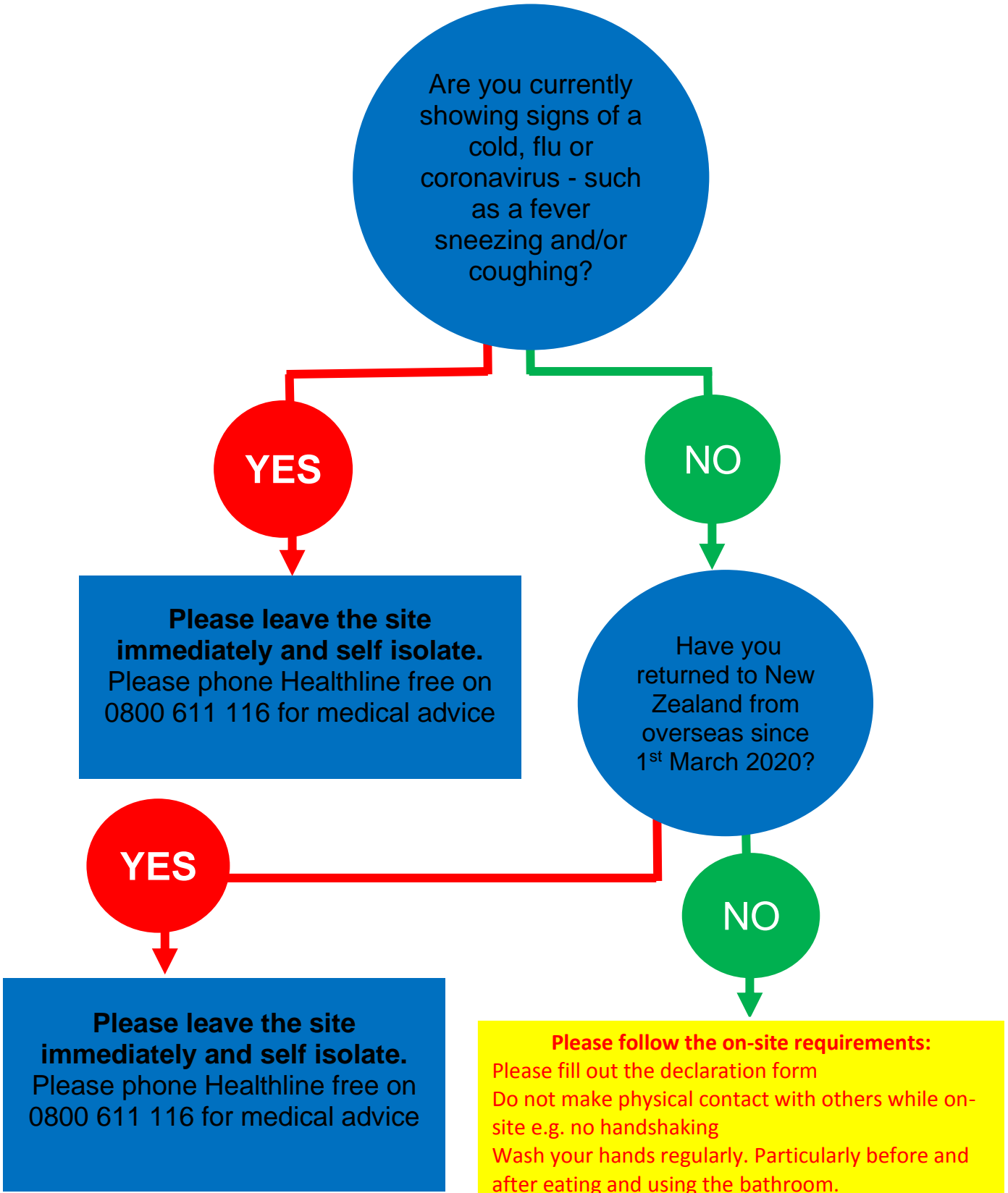
Supervisor/Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Close Contact is defined as** - as any person with

- direct contact with a known confirmed case of Covid-19
- living in the same household or household-like setting (e.g. shared section of a flat)
- having spent a prolonged period (e.g. two hours or longer) in the same close indoor environment (such as a classroom, workplace, gatherings, general practice or ED waiting room)
- having been seated in the same row or 2 rows in front or behind a known case of Covid-19 in any group
- having been face-to-face (within one meter of the case) for more than 15 minutes in any setting.



# COVID -19 on-site flow chart



SAFETY FIRST



ONE TEAM



ACT WITH INTEGRITY



GO THE EXTRA MILE



WORK SMARTER



MANAAKITANGA