#### Corona Virus – Prevention Information/declaration for Contractors/Visitors

**Introduction**

As you are all aware the Coronavirus has been declared a Pandemic by the World Health

Organisation. As the virus continues to spread The Midfield Group is practically preparing where we can and will continue to provide you with guidance and advice while working with us.

**The following information is aimed to assist;**

1. Preventing the spread of Coronavirus in the workplace
2. Declaration of Travel/Health status at the date of form issue
3. **Preventing the spread of Coronavirus in the workplace**
4. Do your best to make sure your work areas are clean and hygienic. If you are concerned speak to your supervisor.
5. Maintain regular and thorough hand washing.
6. Maintain respiratory hygiene.
7. If you feel unwell, have a fever, cough and difficulty breathing, seek medical attention. Keep your immediate Supervisor and Midfield Management informed.
8. **Declaration of Travel/Health status at the date of form issue**

To prevent the spread of Coronavirus in our community and reduce the risk of exposure to our employees, our workplaces and visitors, we are conducting a simple screening questionnaire.

Your participation is important to help us take precautionary measures to protect you and everyone within our workplace.

**Please note:** all persons returning from overseas travel must show their passport and will be required to self-quarantine for 14 days before working on a Midfield Site.

**What does self-quarantine mean?**

Self-quarantine means staying in your home, hotel room or provided accommodation, and not leaving for the period of time you are required to isolate for. Only people who usually live in the household should be in the home. Do not allow visitors into the home.

Please complete this questionnaire

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date: | |  | | | | |
| Name:  Company: | |  | | | | |
| Self-Declaration | | | | | | |
| 1. If you have any of the following symptom(s), please tick the relevant box(es); | | | | | | |
| Fever | Yes  No | | Dry cough | | | Yes  No |
| Body aches | Yes  No | | Headaches | | | Yes  No |
| Sore throat | Yes  No | | Runny nose | | | Yes  No |
| Tiredness | Yes  No | | Shortness of breath | | | Yes  No |
| Others: |  | | | | | |
|  | | | | | | |
| 1. Have you been in contact with a confirmed case of Coronavirus in the past 14 days? | | | | | Yes  No | |
|  | | | | | | |
| 1. Have you travelled interstate in the last 14 days? 2. Have you returned from overseas in the last 14 days? | | | | | Yes  No | |
| If Yes, Please Provide Details of Country Visited and the Date Returned: | | | |  | | |

|  |  |  |
| --- | --- | --- |
| Name |  | |
| Address |  | |
| Signed |  | |
| Date |  |