

COVID-19 Personal Disclosure Statement

**All employees are required to complete this form prior to commencing employment.**

It is recommended that declaration forms be retained as a workplace record. In addition to this declaration, it is recommended that after each shift, the **Employee Daily Declaration Form** is obtained from each employee covering their movements and list of close contacts.

|  |  |
| --- | --- |
| **EMPLOYEE DETAILS** |  |
| Employee name: |  |
| Date of birth: |  |
| Address: |  |
| Telephone number: |  |
| Email address: |  |
| SA residency status: | SA resident  SA resident - interstate  A border resident[[1]](#footnote-1)  A seasonal worker visa holder  A working holiday visa holder |
| Do you have any underlying health conditions that make you more susceptible to infection?  Please detail as appropriate | Yes  No |
| Have you travelled from overseas or interstate in the last 14 days? | Yes  No |
| Have any of your immediate family or household members travelled from overseas or interstate in the last 14 days?  If ‘YES’ where did they travel? | Yes  No |
| Have you been identified in the last 14 days as a close contact (as defined by SA Health) of someone who has COVID-19? | Yes  No |
| If you answered ‘YES’ to any of the above questions, have you completed 14 days of self-isolation?  If so, where and when? Please specify the address and contact details where you completed your self-isolation | Yes  No |
| Have you been tested for COVID-19?  If ‘YES’ please state when and any subsequent action taken | Yes  No |
| Have you experienced any COVID-19 symptoms in the past 48 hours? (i.e. cough, fever, sore throat, loss of sense of smell and taste etc)  If ‘YES’ please describe them | ☐ Yes ☐ No |
| How do you travel to and from work? (public transport, driving, walking). Please specify |  |

**Your employer** **is collecting this information to help ensure your health and safety in the workplace given the current COVID-19 pandemic.**

I acknowledge that the above information is correct and undertake to inform my employer

of the following\*:

* Any personal travel plans, including actual locations visited
* Any contact with any individual who is diagnosed with COVID-19
* If I am diagnosed with COVID-19
* Any other relevant information regarding potential exposure to COVID-19

|  |  |
| --- | --- |
| Employee signature | Date |

\*Failure to comply with these statements may lead to an on-the-spot fine of $1,000

1. Border resident is defined as a person who resides near the South Australian border and routinely travels to a near location across the border for work. [↑](#footnote-ref-1)