



YOUR HEALTH AND THE HEALTH OF THE COMMUNITY IS IMPORTANT TO US

TEMPERATURE

To comply with Australian Dental Association guidelines on health,
please answer the following questions:

SYMPTOMS

1. Do you have a fever? Yes No
2. Do you have a sore throat? Yes No
3. Are you experiencing shortness of breath? Yes No
4. Do you have cough? Yes No
5. Recent loss of sense of taste and smell? Yes No
6. Fatigue? Yes No

Please provide details: _____

TRAVEL

1. Have you been to a location where COVID 19 is known to be present? Yes No
2. Have you traveled outside of NSW in the last 14 days? Yes No
3. Have you visited ANY HOTSPOT areas in NSW in the last 14 days? Yes No

Please provide details: _____

CONTACT

1. Have you had contact with a known or suspected COVID 19 case in the past 2 weeks? Yes No
2. Have you been in contact with anyone at risk of Corona Virus OR who has had the above symptoms? Yes No
3. Have you recently been tested for COVID 19? Yes No

Please provide details: _____

NAME: _____

CONTACT NUMBER: _____

SIGNATURE: _____

DATE: _____