## **COVID-19 Pandemic** Health Declaration Form



To keep you and our staff safe from COVID-19, please compete the following declaration before reporting to our staff for your appointment.

1.	Have you been tested for COVID-19 (Swabbed)?				
	$\Box$ No – go to Q2				
	Yes – Date tested: Location:				
Did you have a POSITIVE result for the COVID-19 swab within the last 14 days?					
	$\Box$ Yes – Please do not enter the clinic $\Box$ No – go to Q2				
2.	In the last 14 days, have you or anyone in your household had any potential contact with a case or				
	cluster of COVID-19, including visits to locations of interest, COVID app alerts, or calls from contact				
tracers or public Health?					
	□ Yes □ No				
3. In the last 14 days, have you worked in any role involving the border or recent internation					
or been in contact with anyone who had been overseas in the previous 14 days?					
	□ Yes □ No				
4. Have you been overseas or left a MIQ facility in the last 14 days?					
	□ Yes □ No				
lf y	you answered <u>NO</u> to <u>ALL</u> of the above, please proceed into the clinic and hand in your declaration form to				
the	e staff.				
lf y	you answer YES to any of the above, please do not enter the clinic and leave your declaration in the tray				
pro	ovided.				
Ple	ease seek medical advice urgently if you are unwell or contact Healthline 0800 358 5453. For all other				
inc	quiries please contact the Admin Team on 09 930 6108 or We may contact you to reschedule an				
ар	pointment for you at a later time.				
Na	me:				
Sig	nature: Date:				

Phone: \_\_\_\_\_

Email:		