The purpose of this health declaration form is to determine whether you are at risk of contracting or currently have signs / symptoms of COVID-19 and that you are fit to drive and work in and around traffic. Please read the questions carefully and answer each question honestly with a **YES** or **NO**.

|  |  |
| --- | --- |
| Are you currently required to be in isolation because you have been diagnosed with coronavirus (COVID-19) or you have been directed to a period of quarantine as a result of being a close contact of someone with coronavirus (COVID-19)? | Click or tap here to enter text. |

**If you answered YES to the above question you should not attend work until you are released from isolation or until your quarantine period is complete.**

**Are you experiencing these symptoms?**

|  |  |
| --- | --- |
| Fever (If you have a thermometer, take your own temperature. You are considered to have a fever if above 37.5°C) | Click or tap here to enter text. |
| Chills | Click or tap here to enter text. |
| Cough | Click or tap here to enter text. |
| Sore throat | Click or tap here to enter text. |
| Shortness of breath | Click or tap here to enter text. |
| Runny nose | Click or tap here to enter text. |
| Loss of sense of smell | Click or tap here to enter text. |

If you answered **YES** to any of the above questions **you should not enter an Austraffic worksite** (or you should leave the Austraffic worksite). Immediately tell your supervisor/manager (via phone), go home, and get tested for coronavirus (COVID-19).

**If you develop symptoms while at work, notify your supervisor immediately (via phone or email – do not approach them directly).**

## Driving a Motor Vehicle and Working In Traffic

I am fit to drive and/or work in and around traffic. I am free from drugs and alcohol and do not have any impairments or medical conditions other than those previously provided in RM16 Medical Declaration Form that may affect my ability to drive or work in and around traffic. I understand and agree to comply with the Austraffic Safe Driving Policy.

|  |  |
| --- | --- |
| ENTER  YES OR NO >> | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Employee Details** | |
| Full Name | Click or tap here to enter text. |
| Date | Click or tap here to enter text. |
| Time | Click or tap here to enter text. |

**If ‘No” to all questions p1 AND Fit To Drive or Work In Traffic →** **Safe to proceed with normal work duties today.**

**If “Yes” to any questions p1 OR Not Fit To Drive** **or Work In Traffic** **→** **Unfit – DO NOT proceed with normal work duties today. Do NOT attend an Austraffic work site.** Call your manager or supervisor immediately to notify them and seek further instructions.Seek medical advice (from a General Practitioner or COVID-19 Hotline on 1800 020 080) and obtain a COVID-19 test if unfitness due to answering YES on p1.

**Management Review**

If the employee has been/is diagnosed with coronavirus (COVID-19) in the last 14 days, please refer to RM211 Covid Safe Plan in the table titled ‘Business contingency plan to manage any outbreaks’ for the next steps.

|  |  |
| --- | --- |
| **Management Details – Reviewed BY** | |
| Full Name | Click or tap here to enter text. |
| Date | Click or tap here to enter text. |
| Time | Click or tap here to enter text. |

|  |
| --- |
| **Actions Taken (if necessary)** |
| Click or tap here to enter text. |