

2020 Novel Coronavirus (COVID-19) Health & Travel History

Personal Details:

Date		Time	
Name		Phone No.	
Company		Position	

Please Circle one of the following – are you a:

Trainer		Guest	
Participant/Student		Visitor	

Name of Master Builders of WA staff you are visiting (Not applicable if attending a training course)

Name(s)	
Department	

For Official Use only

Please Tick the appropriate box

	Questions	Yes	No
1.	Have you travelled interstate or overseas in the past 14 days (If yes, please indicate which state/territory or country you have returned from).	<input type="checkbox"/>	<input type="checkbox"/>
2	Have you been to or travelled from China, South Korea, Iran, Japan, Italy or any country/region deemed high-risk by the World Health Organisation (WHO) in the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
3	Have you been in close contact with anyone diagnosed with 2020 Novel Coronavirus infection or listed as a suspect for 2020 Novel Coronavirus infection? <i>[Close contact means provided care for or had other similarly close physical contact with the person, stayed (e.g. lived with, visited, family member, tenant) at the same place as the person, or having had direct contact with respiratory secretions and body fluids of the person]</i>	<input type="checkbox"/>	<input type="checkbox"/>
4	Are you living with someone (including a tenant or family member) with a recent travel history to China, South Korea, Iran, Japan, Italy or any country/region deemed	<input type="checkbox"/>	<input type="checkbox"/>

	high-risk by the WHO AND has respiratory symptoms i.e. fever, cough, running nose, sore throat?		
5	Do you have fever (i.e. 37.5 °C or above) or respiratory symptoms (e.g. cough, shortness of breath)?	<input type="checkbox"/>	<input type="checkbox"/>

What to do next?

- If you answered YES to questions 2, 3, or 4 you cannot attend a Master Builders of WA office until 14 days have elapsed from the date you departed the specified regions and / or the date you last had close personal contact with anyone from the specified regions.
- If you answered YES to question 5, you cannot enter any Master Builders of WA site and for the health and safety of all people in this facility, we respectfully request you reschedule your attendance once deemed medically fit.
- If you answered NO to all of the above, no further action is required from you.

ACKNOWLEDGEMENT

In consideration of the permission to enter the offices of Master Builders of Western Australia (Union of Employers) Perth (Master Builders of WA), I am aware of and hereby voluntarily assume all the risks of entering the premises. I am aware of and undertake to abide by all the Safety, Health and Environment rules, regulations and procedures in effect at Master Builders of WA's offices. I will take all necessary precautions and exercise all due care towards my personal safety and the safety of those around me and will not hold Master Builders of WA or any of its affiliates (collectively, Master Builders of WA) and the employees or agents of Master Builders of WA liable for any injury, or for any loss or damage to my property whilst at the Master Builders of WA offices.

The personal data you are requested to provide in this form is collected by Master Builders of WA for purposes of physical security, security and identity verification, audit, meeting legal and regulatory obligations, safety, health and environment protection and/or incident management, and may be used, disclosed or otherwise processed accordingly. The personal data will be retained for no longer than is necessary to meet the purposes for which the data is collected, or if longer, for compliance with applicable law, or in accordance with the company's records retention guidelines.

Declaration:

I declare all the above to be true and correct.

Name

Signature

Date