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|--|--------------------------------|----|
| Have you travelled internationally in the last 14 days? | YES | NO |
| Have you travelled interstate in the last 14 days? | YES | NO |
| If so, where? | VIC / QLD / SA / WA / NT / TAS | |
| Have you been to a COVID-19 hotspot in the last 14 days? | YES | NO |
| Have you been in close contact with a person who has Travelled internationally in the last 14 days? | YES | NO |
| Have you been in contact with a person diagnosed with COVID-19 in the last 14 days? | YES | NO |
| Have you experienced any flu like symptoms within the Last 72 hours? | YES | NO |
| Are you feeling unwell? | YES | NO |

Your personal information will remain confidential and only be disclosed in accordance with the privacy and personal information protection act 1998 or by request of NSW Health

Declaration:

I, (full name) _____

Of (home address) _____

Contactable on (contact number) _____

Email address _____

I declare that I have answered the above questions truthfully and to the best of my knowledge

Signature _____ Date _____

Office use only

Visitor access approved by: _____

Signature: _____

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