Customer COVID-19 Screening Tool (HOME)

You must ensure that customers complete the following questions when they return to service as a vital to keep themselves and housemates healthy and safe. This form is to be kept with the sign in register

***Customer Name:***

***Site Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*If the answer is YES to any of the above questions, isolate the customer from other housemates and maintain Social Distancing. Then call the COVID Hotline and determine if formal testing for the virus or other measures are required.*

**COVID Hotline PH: 1800 983 006**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **N/A** |
| Information  |  |
| Have you returned from overseas **OR** another state in the last 14 days? |  |  |  |
| Have you been in contact with someone who has returned from overseas **OR** another state in the last 14 days? |  |  |  |
| Have you been in contact with a suspected or confirmed case of COVID 19, other than at home?  |  |  |  |
| Have you been in contact with a person 16yrs or under? |  |  |  |
| **Do you have:** |
| A fever? |  |  |  |
| A cough? |  |  |  |
| Any breathing difficulties? |  |  |  |
| A sore throat? |  |  |  |
| Runny nose? |  |  |  |
| Fatigue? |  |  |  |

Please advise your manager of (After Hours 1800 554 340) of the customer’s Customer Screening outcome and await further direction regarding support impacts*.*

**Staff to sign Customer Screening Tool, every time a customer is returning HOME from ANY Community Access.**

| Date/Time | Reason for Service Absence | On returning to service, Customer did not answer YES to any of the COVID Screening Questions |
| --- | --- | --- |
| *E.g. 1/4/20 1100hrs* | *Medical Appointment* | *Mary-Jayne Jones* |
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