

COVID DECLARATION

Throughout the pandemic our top priority is to ensure the health and wellbeing of our employees, contractors and stakeholders while continuing to deliver for our customers. As the COVID outbreak continues to evolve Port Waratah is monitoring the situation closely and following all guidance provided by the Australian and NSW Government and SafeWork Australia.

To prevent the spread of COVID and reduce the potential risk of exposure to our workforce, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone working at Port Waratah. All visitors are required to complete this declaration.

Name:	Personal Phone Number:
Company / Organisation:	Port Waratah Host/Supervisor:
Date of Attendance:	Residential Address:
Reason for Attendance:	

<p>Self-Declaration by Individual</p> <p><i>This form is to be completed and provided to Port Waratah security 24 hours prior to planned visit. Email: _security@pwcs.com.au</i></p>
<p>Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing)?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>In the last 7 days;</p> <p>i) have you tested positive for COVID?</p> <p>ii) has any member of your household tested positive for COVID, or</p> <p>iii) have you spent more than 4 hours indoors with a positive COVID case?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO (for all)</p>
<p>Are you awaiting COVID test results or serving an isolation period?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Are you vaccinated with an approved COVID Vaccination?</p> <p><input type="checkbox"/> YES (first dose only) <input type="checkbox"/> YES (second dose) <input type="checkbox"/> YES (third/booster dose)</p> <p><input type="checkbox"/> NO</p> <p><i>If "yes" you must provide evidence of your vaccination</i></p>

If you select any of the "underlined" answers, approval to enter on-site is required from the Department Manager or Delegate

Signature: _____ **Date:** _____

Access Status:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
Port Waratah Manager(s):	

FORM

Signature:	
Date:	

Please provide a copy of this signed form on presentation to the Port Waratah Security prior to entry.