



## DANCE & FITNESS WITH TAMARA PITTS COVID-19 QUESTIONNAIRE

The safety of our attendees, families and visitors remain our overriding priority. As the coronavirus disease 2019 (COVID-19) outbreak continues to evolve and spreads globally, we will continue to monitor the situation closely and will update our customers on restrictions and requirements as per current guidelines from the Queensland and Australian Governments.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our workforce and visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone that attends classes.

Name:
Contact Number:
Residential Address:

- Please respond to all questions below, place a tick in the boxes provided.
- If your answer is YES to any of the questions below you will not be allowed to participate in class at this time, please understand this is just a safety precaution.

Self-Declaration		
1	Have you or any person close to you been diagnosed positive for COVID-19?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Have you or any person close to you been in close contact with a confirmed case of COVID-19 (either in the community or at work) or with someone awaiting results of COVID-19 testing within the past 14 days?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Do you or any person close to you currently have a fever of 37.5°C or more?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Have you or any person close to you experienced any cold, flu-like or acute respiratory symptoms in the last 14 days? (Fever, cough, headache, muscle pains, joint pain, runny nose, nausea, vomiting or diarrhoea, fatigue, sore throat, respiratory illness, difficulty breathing, loss of appetite, loss of smell or loss of taste)	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Have you or any person close to you returned from overseas travel in the last 14 days?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	Have you or any person close to you returned from the state of Victoria in the last 14 days?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7	Have you or any person close to you been asked to self-isolate in the last 14 days?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Additionally, we ask that you support us to reduce the risk of passing on infections by:

- Downloading the governments COVIDSafe App
- Avoiding direct contact with others and exercising personal social distancing by staying at least 1.5m apart
- Washing your hands often with soap and water or alcohol-based hand sanitiser
- Wiping down surfaces regularly with an effective sanitiser or disinfectant
- Covering your coughs and sneezes with a tissue or the crook of your elbow.

By signing below, I agree to the following;

- I will notify Tamara straight away if I or any person close to me tests positive for COVID-19
- I will abide by all written and verbal instructions given during class regarding restrictions and requirements
- All the information given above is true and accurate at the time of signing

Signature:	Date:
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