



COVID-19 – RESTRICTED ACCESS ASSESSMENT

For the health and safety of residents and staff Shepparton Villages has taken steps to restrict access to our care facilities based on COVID-19 risk factors.

Please complete the questionnaire and associated declaration below every time you visit one of SRV's facilities. You must not enter our care facilities if you answer yes to any Questionnaire item unless an exception is confirmed with a manager each time you wish to access. If you are from a restricted area, you must obtain prior permission from Executive manager Care Services, Sarah Gaunt or Interim CEO, Greg Pullen, during business hours, on 5832 0800.

You must also comply with other notified access requirements, including vaccination requirements, temperature checks, time limits and limits on the number of visitors.

Your details

Visitor Name:	
Phone/Mobile No:	

Questionnaire

Recent travel and self-isolation		
Have you arrived in Australia or Victoria within the last 14 days?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Place of residence		
Do you reside in a restricted area? If Yes, you will be required to wear a mask (supplied by SRV) at all times whilst you are inside an SRV facility.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
COVID-19 testing		
Has a government agency or health authority recommended you be tested for COVID-19 based on your risk factors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you awaiting the outcome of a COVID-19 test?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you tested positive to COVID-19?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Contact with a known COVID-19 case		
Have you been in contact with a person who has tested positive to COVID-19 in the last 14 days?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Flu like symptoms		
Do you have a fever or symptoms of a respiratory infection such as a cough, sore throat or shortness of breath?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been in contact with a person who has a fever or symptoms of a respiratory infection in the last 14 days?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Children under 16 years of age		
Will you be accompanied by a child under 16 years of age?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Influenza Vaccination Details

2020 Influenza	Proof of current vaccination sighted?		If <u>No</u> , proof of Medical Exemption sighted		If <u>Yes</u> , date vaccinated	Staff Initials
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	__ / __ / ____	

Proof of Influenza Vaccination:- GP Clinic/Pharmacy Proof of Vaccination dated and signed OR Medicare Express Plus OR myGOV

Temperature (to be taken by SRV staff member on arrival)

If you have a temperature of 37.5 or above, you will not be able to enter the facility.

Your Temperature is:

Privacy

Personal and health information you provide is managed in accordance with our privacy policy. On completing this form you acknowledge and accept that in addition to any other authorised uses:

- we may use the information you provide in this form to implement, monitor and maintain quality assurance processes and systems; and
- we may need to and are entitled to disclose your details, and associated information to third parties concerned with providing, funding, regulating or evaluating services we provide, including regulatory authorities.

Declaration

On completing and submitting this form you declare and warrant to us (in the knowledge that it will be relied upon by us) that:

- you accept and will comply with the conditions of access;
- the information you have provided is accurate and complete;
- if required by us at any time, you will restate these matters in the form of a statutory declaration.

*Signature of **Visitor**:*

Print full name:

Date:

*Signature of
Shepparton Villages Staff Member:*

Print full name:

Date:
