



COVID -19 QUESTIONNAIRE

Please fill out the form below and provide return it to info@wscgroup.com.au prior to your meeting at WSC Group offices.

Ensure you circle the answers applicable to your individual circumstances.

Date:	Name:
Office Location:	
Have you travelled overseas in the last 14 days?	Yes Specify: No
Have you been in contact with someone who has tested positive for Covid-19 in the last 24 hours?	Yes No
Have you been in contact with a known or possible case in the last 14 days?	Yes No
Are you presenting any of the following symptoms in the last 24 hours?	<ul style="list-style-type: none">• Cough• Fever• Fatigue• Sneezing• Aches and pains• Runny/Stuffy nose• Sore throat• Headaches• Diarrhoea• Shortness of breath

Please note that where you answer "YES" to any of the questions, you may be denied access to the office premises to ensure the Health and Safety of all individuals on site.

If you have any questions or issues in regard to this questionnaire, please call 1300 365 125.

Signature of visitor: _____

Date: _____