



COVID-19 – VISITOR DECLARATION FORM

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

You are required to complete the declaration below every time you visit one of SRV's facilities.

You must also comply with other notified access requirements. Surgical masks will be supplied on entry to the facility.

Your details

| | |
|-------------------------|--|
| Visitor Name: | |
| Phone/Mobile No: | |

Please tick if true

I do not have a sore throat.

I do not have a runny nose.

I do not have a cough.

I do not have chills or sweats.

I do not have loss or change in sense of taste.

I do not have loss or change in sense of smell.

I do not have shortness of breath.

I am feeling well.

I have not travelled from or visited a designated COVID-19 Red Zone/Exposure Site in anywhere in Australia.

I am not a close contact of someone who has COVID-19.

I am not currently required to self-isolate or self-quarantine as directed by the Department of Health.

I will wear appropriate PPE at all times.

I will adhere to social distancing at all times while visiting.

I will not enter any communal area and will remain in the resident's room.

I will perform hand hygiene before entering and after leaving a resident's room.

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

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

Privacy

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

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

Declaration

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

- I accept and will comply with the conditions of access;
- the information I have provided is accurate and complete;
- if required by Shepparton Villages at any time, I will restate these matters in the form of a Statutory Declaration.

Signature of Visitor:

Print full name:

Date:
