

COVID-19 – Personal Health Declaration Form

The purpose of this Personal Health Declaration (PHD) is to determine whether your child is displaying signs and symptoms of COVID-19, or is at risk of developing COVID-19.

Name of Student: _____ Date of Birth: ____ / ____ / ____

Teacher: _____ Class/Year level: _____

Is your child experiencing a Fever $\geq 37.5^{\circ}\text{C}$ or chills / night sweats? Y/N

Is your child experiencing an Acute Respiratory Infection?

Cough Y/N

Shortness of Breath, Lethargy Y/N

Sore Throat, Loss of Sense of Smell/Taste Y/N

Has your child been in close proximity to a person with a Suspected or Confirmed Case of COVID-19 for greater than 15 minutes, over the course of a week, in the period beginning 48 hours prior to onset of their symptoms? Y/N

Has your child shared a closed space with a person with a Suspected or Confirmed Case of COVID-19 for more than 2 hours, in the period beginning 48 hours prior to onset of their symptoms? Y/N

Has your child returned from overseas travel (including a cruise) or been in close contact with anyone who has returned from overseas travel who has a Suspected or a Confirmed COVID-19 case, within the last 14 days? Y/N

Is your child coming from an area deemed a hotspot by the State/Territory in which they reside? Y/N

If you answered YES to any Questions above:

1. If a child is displaying symptoms such as a fever, cough, sore throat, or lethargy, and appears generally unwell, the child should not take part in the excursion and medical advice should be sought.
2. If a child or a staff member is a suspected COVID-19 case they should be excluded from the cohort and isolated – the parent/guardian/carer of a child must be contacted immediately – the excursion should not go ahead.

Consent: I declare to the best of my knowledge, the answers to the questions in this form are true and correct. I understand that by signing I give consent that the health data from this PHD may be shared with a relevant State or Territory Public Health Unit (PHU) if circumstances require.

I understand that by signing this PHD I am granting permission, if circumstances require Australian Capital Territory PHU engagement, for my child to undergo testing for COVID-19 in accordance with PHU directives and management guidelines.

Parent/Guardian name: _____ Relationship: _____

Mobile number: _____ Home number: _____

Signature _____ Date _____