

AAC Falls Creek

PATRON ACCOMMODATION HEALTH QUESTIONNAIRE TO BE COMPLETED & RETURNED BEFORE TRAVEL TO THE LODGE

Name: _____ Phone: _____

Date: _____ First day of stay: _____

Names & phone numbers of others in your party

Name: Phone:	Name: Phone:	Name: Phone:
Name: Phone:	Name: Phone:	Name: Phone:
Name: Phone:	Name: Phone:	Name: Phone:

Are you or any member of your party currently required to be in isolation because you have been diagnosed with coronavirus (COVID-19)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
In the last 14 days have you or any member of your party been directed to a period of quarantine or isolation as a result of being a close or casual contact of someone with coronavirus (COVID-19) or having been present in a location or situation subject to quarantine/ isolation? If so, are you or any of your party still required to be in quarantine/isolation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you or any members of your party been present in the last 14 days in a location that means you are prohibited from travelling to Falls Creek	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you or any members of your party required to isolate while waiting for results of a COVID-19 test or waiting to be tested?	<input type="checkbox"/> YES <input type="checkbox"/> NO

If you answered YES to any of the above questions your party should not travel to the lodge until advised by DHHS or its successors that you are released from isolation or until your quarantine or isolation period is complete and travel is permitted..

If you answered NO to the above questions, proceed to the symptom checklist below.

Are you or any of your party experiencing these symptoms?

Fever (If you have a thermometer, take your own temperature. You are considered to have a fever if >37.5°C	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Chills	<input type="checkbox"/> YES <input type="checkbox"/> NO	Shortness of breath	<input type="checkbox"/> YES <input type="checkbox"/> NO
Cough	<input type="checkbox"/> YES <input type="checkbox"/> NO	Runny nose	<input type="checkbox"/> YES <input type="checkbox"/> NO
Sore throat	<input type="checkbox"/> YES <input type="checkbox"/> NO	Loss of sense of smell or taste	<input type="checkbox"/> YES <input type="checkbox"/> NO

If you answered YES to any of the above questions your party should not travel to the lodge. Stay home. Advise the booking officer and get tested for coronavirus (COVID-19).

If you answered NO to all the above questions, you may travel to the lodge.

If you develop symptoms, stay at home and seek further advice from the 24-hour coronavirus hotline 1800 675 398 or your general practitioner.

I declare that <ul style="list-style-type: none">I understand the requirements and my responsibilities in the AAC FC Lodge and agree that I and all my guests will comply with the AAC FC COVID-19 Safe Operating Plan,The information is true and correct at the time of signing this document, andI will advise the lodge manger or the booking officer immediately if these circumstances change	Signed: _____
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