

CQI COVID-SAFE QUESTIONNAIRE

Full Name:

Email:

Or Residential Address:

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Contact Telephone Number/s:

Dependants [with you today]:

Questions:

1. Have you had any flu like symptoms in the last 14 days? Yes / No

2. Have you been in close contact with anyone diagnosed with COVID 19 within the last 14 days?

Yes / No

3. Do you feel unwell? Yes / No

Your Temperature:

Temperature of Dependants:

Please note these questions are required to be answered by you and this document signed and submitted as you enter the show hall. You **will not** be granted acceptance without it. You will also be expected to use hand sanitiser which will be made available throughout the hall & please maintain social distancing at all times during set-up, the show and pull down.

To keep in line with the Queensland Health guidelines, these details will be kept for a maximum of 56 days where they will then be destroyed. Your details will not be shared to any other organisation other than Queensland Health if they are requested for any reason.

Your signature below is your consent to these safety measures being taken and you undertake that you have answered these questions honestly.

Thank you for your cooperation and community spirit in helping to keep everyone safe.

Signature:

Date: