

PROPERTY INSPECTION FORM

Property:

Full Name:

Phone Number:

Email Address:

Today's Date:

CORONAVIRUS SELF DECLARATION

Please tick Yes or No if any of the below points apply to you:

Yes **No**

Have you been diagnosed with Coronavirus (COVID-19) and is not a patient of a hospital?

In the last 14 days:

Has developed symptoms such as fever, cough, sore throat, fatigue or shortness of breath; or

Has travelled overseas; or

Has been in close contact with a person that has returned from overseas; or

Believes they have been in close contact with a confirmed case of Coronavirus (COVID-19)

OR; Has been recommended to self-isolate or quarantine following advice from:

National or state COVID-19 hot lines

A registered medical or nursing practitioner

COVID-19 trained health clinic or triage staff

Sign:

Date of Inspection: