



COVID-19 pre screening health questionnaire 15 January 2022

Dear Customer as part of our COVID safe requirements, Pro Dive Cairns requires you complete the following form.

Name: _____, Mobile/telephone: _____

Email: _____

Current Home address: _____

- | | | |
|---|-----|----|
| Have you returned to Australia from overseas in the last 14 days? | Yes | No |
| In the last 7 days have you been a confirmed "close contact" with someone who has COVID-19? | Yes | No |
| Have you been previously diagnosed with COVID-19 the past seven (days)? | Yes | No |
| If you have answered Yes to any of the questions above, have you completed a PCR or RAT with a negative result? | Yes | No |
| Have you had a fever, cough, sore throat, shortness of breath or other cold/flu-like symptoms in the last 72 hours or are otherwise unwell? | Yes | No |
| Are you fully Vaccinated? | Yes | No |
| Have you viewed the online vessel safety briefing? | Yes | No |

I acknowledge that I have read this document and my answers are true and correct.

Participant's signature: _____

Date: ____/____/____