



Additional COVID-19 pre screening health questionnaire

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 14 days have you been in close contact with someone who has COVID-19? Yes No

In the last 14 days have you been in a COVID-19 hotspot (as published on the QLD health website, ([hotspots-covid-19](#))? 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

Have you been previously diagnosed with COVID-19? Yes No

Have you viewed the online vessel safety briefing? Yes No

Please provide us, to the best of your knowledge, your accommodation details over the past 14 days:

Accommodation name	From	To	Contact details
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	

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

Participant's signature: _____

Date: ____/____/____