**Company Name_____ : COVID-19 Screening**

Must be completed at the START of each and every day by ALL guests onsite at Maroochy Waterfront Camp & Conference Centre

If the answer is yes to any of the below questions, you are not allowed entry to MWCCC and are to return home and seek medical advice. This may include a COVID19 test and or self-isolation for 14 days as per the government guidelines.

| DATE | NAME | I am experiencing cold or flu like symptoms | I have a temperature | I have been in contact with someone confirmed to have COVID19 | I have returned from overseas in past 14 days | SIGNATURE |
|---|---|---|---|---|---|---|
| | | YES or No | YES or NO | YES or NO | YES or NO | |
| | PH - | | | | | |
| | | YES or No | YES or NO | YES or NO | YES or NO | |
| | PH - | | | | | |
| | | YES or No | YES or NO | YES or NO | YES or NO | |
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| | | YES or No | YES or NO | YES or NO | YES or NO | |
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| | | YES or No | YES or NO | YES or NO | YES or NO | |
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