

## COVID-19 Site Visit Arrival Screening Form

Satisfactory arrangements for safe and healthy services must be met before visitors can attend Odyssey House NSW (OHNSW) sites. **It is mandatory that a temperature check is taken, and this COVID-19 screening form is completed and signed off by a staff member** before staff/clients/visitors can enter this service.

**If yes is the answer to any question or temperature is 37.5°C or over the staff/visitor will not be allowed on site for the wellbeing of our staff and other clients.**

Odyssey House NSW Staff Only	
Name:	
Position Title:	
Line Manager:	
Clients Only	
Name:	
Telephone Number:	
Visiting (your counsellor):	
Visitors Only	
Name:	
Organisation:	
Telephone Number:	

The individual named above:	
Has respiratory, flu or cold like symptoms on this date.	<input type="checkbox"/> yes <input type="checkbox"/> no
Has been in contact with anyone diagnosed with COVID-19.	<input type="checkbox"/> yes <input type="checkbox"/> no
Has travelled to the state of Victoria in the past 14 days.	<input type="checkbox"/> yes <input type="checkbox"/> no
Has travelled overseas in the last 14 days.	<input type="checkbox"/> yes <input type="checkbox"/> no
Has signs or symptoms of COVID-19 relevant illness on this date.	<input type="checkbox"/> yes <input type="checkbox"/> no
Has a temperature of...	_____ °C
Has downloaded the COVID-SAFE App?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unable to (device limitations) <input type="checkbox"/> prefer not to answer

I agree that the above is true and correct at the time of the screening. I also confirm that if I have been **diagnosed with COVID-19 or develop cold or flu-like symptoms within 72 hours** of this visit, I will contact the Odyssey House NSW team and alert them IMMEDIATELY.

\_\_\_\_\_  
Signature Date

Sheet checked and sticker dispensed: Date \_\_\_\_\_

\_\_\_\_\_  
Staff Name Signature Date