



**COVID-19 Visitor Declaration (V3 14<sup>th</sup> July 2020)**

I, (insert Visitor full name) \_\_\_\_\_ of:

(insert residential address) \_\_\_\_\_

(insert mobile / landline number): \_\_\_\_\_

am visiting (insert Resident name) \_\_\_\_\_ of room \_\_\_\_\_ and declare that:

1. I understand that, in the absence of a vaccine for COVID-19, preventing exposure is the single most important step that any of us can take to protect ourselves and others from contracting COVID-19
2. I understand that The Palms has adopted a highly precautionary approach, including restricting and screening visitors, based on current legal requirements and the latest and best medical advice that older people are more susceptible to contracting and being seriously affected by COVID-19
3. I have not been in Victoria or had contact with anyone who has been in Victoria in the last 14 days (NEW)
4. I have not travelled (or been in contact with anyone) overseas or on a cruise ship in the last 14 days
5. I have not been in contact with a confirmed or suspected case of COVID-19 in the last 14 days
6. I am not in close contact with or caring for someone who is currently unwell
7. I am not, or in the last 7 days have been, unwell or had any of the following symptoms (however mild):
  - a. Fever, night sweats or chills
  - b. Cough
  - c. Runny nose
  - d. Sore or scratchy throat
  - e. Shortness of breath
  - f. A new loss of taste and smell (NEW)
8. I have provided The Palms with evidence of an up-to-date influenza vaccination
9. I consent to The Palms testing and recording my temperature
10. I acknowledge and consent to The Palms COVID-19 Visitor Policy
11. (NEW) I have not attended any venues currently listed by NSW Health as possible cluster area in the last 14 days
12. I will follow all directions from staff during the visit

Signature of Visitor: \_\_\_\_\_ Date: \_\_\_\_\_

The Palms Aged Care Pty Ltd

454 President Ave Kirrawee, NSW 2232

Ph: (02) 9521 2963 Fx: (02) 9521 5885



Date	Time	Temperature	Signature

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