

COVID-19 Declaration

School of Optometry and Vision Science

COVID Risk Factor and Vaccination Declaration V_16.0

Current as of January 6th 2022

- In the last 14 days I have not been deemed a **COVID Close Contact**: TRUE FALSE

<https://www.health.nsw.gov.au/Infectious/factsheets/Pages/people-exposed-to-covid.aspx>

- In the last 14 days, I have not been directed to self-isolate TRUE FALSE

- In the last 14 days, I have not returned from overseas TRUE FALSE

If FALSE:

- I returned a NEGATIVE RAT result for a COVID-19 on day 6 of my return YES NO

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- In the last 14 days I have not been diagnosed with COVID-19 TRUE FALSE

If FALSE:

- I have subsequently received a NEGATIVE result for a COVID-19 test YES NO

COVID TEST RESULTS

Time of Test: _____ AM / PM

Date of Test ____/____/____

Type of test: PCR (swab) Rapid Antigen Testing

Result: Negative Positive

SYMPTOM DECLARATION

In the last 14 days **I HAVE NOT HAD** any COVID related symptoms,

Including, but not limited to:

TRUE FALSE

- fever (37.5 ° or higher)
- cough
- sore throat
- shortness of breath (difficulty breathing)
- runny nose
- loss of taste
- loss of smell.
- Unexplained fatigue
- Acute blocked nose
- Muscle/Joint Pain
- Headache
- Diarrhoea/Nausea/Vomiting/Loss of Appetite
- Unexplained Chest Pain
- Conjunctivitis

If FALSE:

- I have subsequently received a **NEGATIVE** result for a COVID-19 test YES NO
- I am now asymptomatic YES NO

COVID TEST RESULTS

Time of Test: _____ AM / PM

Date of Test ____/____/____

Type of test: **PCR (swab)** **Rapid Antigen Testing**

Result: **Negative** **Positive**

VACCINATION DECLARATION

I have been Vaccinated against COVID-19

YES NO

▪ Date of 1st dose _____/_____/_____

▪ Date of 2nd dose _____/_____/_____

▪ Date of 3rd dose _____/_____/_____

PRINT NAME: _____

SIGNATURE: _____
(Digital) (Manual)

Declared: _____ AM / PM DATED: _____/_____/_____