



COVID-19 Employee Survey - HSC

1. What is your first name?

2. What is your last name?

3. Please select the states and territories you've worked across in the last 28 days.

- | | |
|---------------------------|---------------------------|
| <input type="radio"/> ACT | <input type="radio"/> SA |
| <input type="radio"/> NSW | <input type="radio"/> TAS |
| <input type="radio"/> NT | <input type="radio"/> VIC |
| <input type="radio"/> QLD | <input type="radio"/> WA |

4. In the past 14 days, have you travelled internationally?

- Yes
 No

5. Please enter the countries you travelled to (including transits):

6. Do you have any international travel booked in the future (for work or personal)?

- Yes
 No

7. Please enter the countries you will be travelling to (including transits) and month of travel:

8. Do you have any of the following symptoms

- Fever
- Flu-like symptoms (coughing, sore throat, fatigue)
- Shortness of breath
- None of the above

9. Have you been in close contact with anyone who had been diagnosed with COVID-19

- Yes
- No