



THE UNIVERSITY OF
NOTRE DAME
A U S T R A L I A

COVID-19 Declaration

School of Medicine, Fremantle

Student declaration for face to face sessions

Completion of this form is to help determine and manage the current level of potential exposure to COVID-19 for all students and staff. This screening is to help reduce the risk to you, your fellow students and staff.

You are responsible to ensure that you maintain high hygiene standards.

Please answer the following questions.

Student Details:

Student Name	Student ID No.	Course
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For the face to face sessions do you agree to:

Wash your hands according to the 5 Moments of Hand Hygiene. <input type="radio"/> Yes <input type="radio"/> No	Avoid touching eyes, nose, mouth and face. <input type="radio"/> Yes <input type="radio"/> No	Practise respiratory hygiene i.e cough or sneeze into elbow or tissue. Dispose of tissue immediately and in all cases wash your hands after coughing or sneezing. <input type="radio"/> Yes <input type="radio"/> No
Clean equipment/furniture after all touch points, after use and at the end of sessions. <input type="radio"/> Yes <input type="radio"/> No	Follow instructions as set out be SOMF staff. <input type="radio"/> Yes <input type="radio"/> No	

If you respond YES to any of the following PLEASE CONTACT YOUR COURSE COORDINATOR before attending any classes

<p>Do you have a temperature of 38 degrees or above?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Do you have a documented history of fever in the last few days?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Do you have an acute respiratory infection (e.g. shortness of breath, cough, sore throat)?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>Have you been in contact with someone who may or does have COVID-19?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Have you returned from outside of WA or a COVID-19 hotspot in the last two weeks?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Have you been tested for COVID-19 with a positive result?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>Have you been tested for COVID-19 and are awaiting results?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Have you been told to self-isolate in the last two weeks?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	

If during the class you begin to feel unwell, **please tell your tutor immediately.**

Please follow their advice and contact the Course Coordinator.

Do you agree that you will inform staff if there is any change to your answers above.

Yes No

Has not been actioned

If you are concerned about your risk, please contact the Course Coordinator by email from home.