COVID-19 Questionnaire Level 3	Delta	
Name:	DOB	
Please tick yes or no to the following questions:	Yes	No
Do you have a confirmed diagnosis of COVID-19?		
 Are you waiting for a COVID-19 test or test results, OR considered a probable case, OR been required to self-isolate? 		
3. Have you had close contact with people in the last 14 days who are probable or confirmed to have COVID-19?		
4. Have you left an MIQ facility prematurely in the last 14 days?		
5*. Do you have new or worsening symptoms of an acute respiratory infection with at least one of the following:		
Cough Sore throat Shortness of breath Runny nose, sneezing, post-nasal drip (coryza) Loss of smell (anosmia) Fever Diarrhoea Headache Muscle aches (Myalgia) Nausea/vomiting Confusion/irritability answering questions		
 - where there is no other likely health reasons 6. Have you stayed in or travelled from an area with a sustained intensive (L4) or active but managed (L3) community outbreak either in New 		
Zealand or QFT countries in the last 14 days?		
7. Have you travelled overseas in the last 14 days? (Excluding QFT countries)		
8. Have you had direct contact with someone in the last 14 days who has travelled overseas (Excluding QFT countries)		
9*. Do you work on an international aircraft or shipping vessel or been asked to isolate because of this work?		
10*. Are you a worker (e.g. cleaner or maintainence) who has or has recently worked at an international airport or maritime port in areas/conveniences visited by international arrivals?		
11*. Do you work or have you recently worked in customs, immigration, or at managed quarantine/isolation facilities and had direct contact with someone who has traveled overseas? (Excluding QFT countries)		
12*. Have you worked in cold storage areas of facilities that receive imported chilled and frozen goods directly from an international port?		
Your temperature today is Celsius		
Signature	SCANHERE TO SIG	
Date.		
§QFT = Quarantine Free Travel		