



Mildura & District Real Estate Client Health Screening Declaration

As part of our safety measures to minimise and manage the risk of transmission of Coronavirus (COVID-19), we require all clients to complete this declaration.

Personal Details

Date:	Time:
Name:	Address:
Phone Number:	Email:

Do you currently display any of the following symptoms?

Symptom	Yes	No	Symptom	Yes	No
Fever			Tiredness		
Dry Cough			Headache		
Body Aches			Shortness of breath		
Sore throat			Runny Nose		

By checking the boxes below, you are certifying that the following statements are true:

I Have <input type="radio"/>	I have not <input type="radio"/>	Travelled to or transited via any country or region, during the past 15 days, considered to pose a high risk of COVID-19 Transmission, according to the latest advice on the Australian Department of Health Website
I Have <input type="radio"/>	I have not <input type="radio"/>	Exhibiting or showing any signs of COVID-19 Symptoms, being fever and flu like symptoms, such as: coughing, sore throat, fatigue and shortness of breath.
I have <input type="radio"/>	I have not <input type="radio"/>	To the best of my knowledge, had any contact with any person, including family, friends, colleagues, or other that have been diagnosed with, or suspected of having COVID-19 during the last 15 days.

<input type="checkbox"/>	By checking this box, I certify all the information I have given above is true and correct to the best of my knowledge.
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