

Questionnaire to be sent to external presenter prior to the event

Dear Presenter,

Please fill in this questionnaire and return to the organisers before the event:

1. Do you have any COVID 19 related symptoms?
- Most common symptoms include: fever, dry cough, tiredness
- Less common symptoms: aches and pains, sore throat, diarrhoea, conjunctivitis, headache, loss of taste or smell, a rash on skin, or discolouration of fingers or toes.
 Yes No
2. Have you travelled overseas in the last 14 days?
 Yes No
3. Have you travelled to a [COVID 19 Hotspot](#) in the last 14 days? (Please click on link to see currently declared COVID Hotspots)
 Yes No
4. Have you had close contact with a confirmed COVID 19 case in the last 14 days?
 Yes No
5. Did you read and understand the information on persons vulnerable to more serious COVID 19 illness?
 Yes No
6. Do you identify as a person vulnerable to more serious COVID 19 illness?
 Yes No
7. If you answered 'Yes' to question 6: Having considered the information provided for your own personal circumstances, do you wish to attend the event?
 Yes No (if 'Yes', participation is at your own risk)
8. I will stay home and not attend the event if I feel unwell on the day?
 Yes No

Please stay home if unwell!