



## COVID-19 Health Screening Questionnaire

(Alert Level 3)

*Note: If elected by the venue operator, this questionnaire may be substituted by an NZTR approved phone APP.*

Failure to truthfully complete this questionnaire shall be considered a breach of Rule 801(1)(k).

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Employer/Role: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / 2021      Mobile Phone Number: \_\_\_\_\_

1. Have you had close contact with, or been advised that you or they are a close contact of, a confirmed or probable case of COVID-19, or a person awaiting a COVID-19 test result?

**YES / NO (circle one)**

*If you answered yes, please provide details including date and relevant person(s) you have been in contact with:*

\_\_\_\_\_  
\_\_\_\_\_

2. Do you think you may have a fever?

**YES / NO (circle one)**

3. Do you have a cough, sore throat, sneezing or runny nose, or shortness of breath?

**YES / NO (circle one)**

4. Have you experienced a loss of or change in your sense of smell?

**YES / NO (circle one)**

If any of the above questions is answered "YES" the Employer must:

- Instruct that the staff member, and any persons who have been in close contact within the past 48 hours, that they are immediately stood down and instructed to adhere to strict self-isolation.
- Advise a possible case of COVID-19 to the operators of racing or training venues where the staff member has been present in the past 48 hours.
- Advise NZTR ([martin.burns@nztr.co.nz](mailto:martin.burns@nztr.co.nz))