Welcome to ASTRA Group Services.

Due to the uncertainty that we all face as a result of the unprecedented spread of the Corona Virus, we have an obligation to implement basic controls to manage the risk of exposure to and from those attending our facilities. That means staff, clients, visitors, students and contractors. Everyone.

We trust you will understand and will be able to cooperate with us by completing the Declarations (1 & 2) as below.

*Your name and any information provided will be treated in strict confidence and if required, we will provide you with a copy of your signed Declaration.*

If you are unwilling to complete or do not have adequate information to complete the Declaration or would prefer to discuss this process directly with the Director or Manager, then please advise a member of staff before proceeding any further within the facilities.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | | **Date:** | **Time:** |
| **Reason for Visit:** | Meeting  Student  Contractor  Casual Visit  Other | | |
| **Meeting With:** |  | | |

**Please answer Yes or No to each of the following:**

|  |  |  |
| --- | --- | --- |
| In the last 14 (fourteen) days, have either you or any member of your immediate family been directly subject to or in contact **with any person** who: | | |
| * *Had symptoms of Corona Virus, been tested and have not received a test result?* | ***NO*** | ***YES*** |
| * *Has been diagnosed as having Corona Virus at that time;* | ***NO*** | ***YES*** |
| * *Has been diagnosed as having Corona Virus since the last time you met them?* | ***NO*** | ***YES*** |
| * *Has been requested to self -isolate as a result of a potential exposure to a Corona Virus carrier (at work, socially or through any other means)?* | ***NO*** | ***YES*** |
| * *Has been hospitalized to receive treatment for Corona Virus?* | ***NO*** | ***YES*** |
| Have either you or any member of your immediate family been: | | |
| * *Instructed or advised to self-isolate in the last 14 (fourteen) days?* | ***NO*** | ***YES*** |
| * *Travelled internationally in the last 14 (fourteen) days?* | ***NO*** | ***YES*** |

If you answered **YES** to any of the questions above, please advise a member of staff before proceeding any further within the facilities

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