COVID-19 PRE-RETURN TO WORK DECLARATION



In the interests of the safety, health and wellbeing of all Glengowla Mines staff and visitors and, and their families and the community, your co-operation and support are appreciated in completing this self-declaration form which is a requirement of the Government's *Return to Work Protocol.* It must be completed and submitted to the office before commencing work.

If you answer Yes to any of the below questions, you are strongly advised to follow the medical advice you receive or seek medical advice before returning to work:

Question		No	Yes
1.	Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness, loss or change to your sense of smell or taste, or flu like symptoms now or in the past 14 days?		
2.	Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?		
3.	Are you a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days (i.e. less than 2m for more than 15 minutes accumulative in 1 day)?		
4.	Have you been advised by a doctor to self-isolate at this time?		
5.	Have you been advised by a doctor to cocoon at this time?		

I confirm that I have answered the above questions truthfully based on my current condition and I commit to advising Glengowla Mines management, and excluding myself from the site, if this situation changes, i.e. if at any time in the future I would answer "Yes" to any of the above questions.

Additionally, I agree to:

- Inform Glengowla Mines if there are any other circumstances relating to COVID-19, not included in the above, which may need to be disclosed to allow a safe return to work.
- Self-isolate at home and contact my GP promptly for further advice if I have any COVID-19 symptoms.
- Stay out of work until all symptoms have cleared following self-isolation.
- Participate in any induction training provided by Glengowla Mines on my return to the workplace.
- Complete any temperature testing as implemented by Glengowla Mines and in line with Public Health advice

Name:	Date:

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