

Heron Island COVID-19 Health Declaration Form

To help ensure the health and safety of our guests and staff, please complete the below information. It is essential that you complete this form as close to your check-in date as possible.

Person 1

First Name: _____ Surname: _____

Phone: _____ Email: _____

Address: _____

Person 2

First Name: _____ Surname: _____

Phone: _____ Email: _____

Person 3

First Name: _____ Surname: _____

Phone: _____ Email: _____

Person 4

First Name: _____ Surname: _____

Phone: _____ Email: _____

| QUESTIONS | CIRCLE ANSWER | |
|--|---------------|----|
| Are you, or any person in your party, a confirmed case of COVID-19? | Yes | No |
| In the 14 days prior to your arrival date at Heron Island have you or any person in your party been in a COVID-19 Hotspot? Please see the Queensland Government website for a current list of hotspots: https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/current-status/hotspots-covid-19 | Yes | No |
| In the 14 days prior to your arrival date at Heron Island have you or any person in your party: | Yes | No |
| 1. Been overseas | Yes | No |
| 2. Had contact with a person who has a confirmed case of COVID-19? | Yes | No |
| 3. Had symptoms consistent with COVID-19 (this includes a fever, cough, shortness of breath, sore throat, loss of smell or loss of taste)? | Yes | No |
| 4. Been a cleared case of COVID-19? | Yes | No |
| Please list the towns and cities you have visited in the past 14 days: | | |
| Is every member of your group, aged 16 years+, fully vaccinated against COVID-19, having received 2 vaccination shots? | Yes | No |
| <i>Office Use: Have all vaccination certificates been presented and verified</i> | Yes | No |

Please tick each box to confirm acknowledgement:

- I confirm that I shall comply with Heron Island's COVID-19 procedures.
- I declare that the information I have provided in this form is true and correct to the best of my knowledge.
- I consent to Heron Island collecting, using and storing my personal information for the purpose of compliance with Heron Island's COVID-19 Safe Health Management Plan and Local, State or Federal Government's policies, procedures, directions, laws or regulations.
- I understand my information may be shared with Queensland Health and Hospital and Health Services (via public health units) for the purpose of responding to a declared public health emergency. It may also be shared with other Government agencies for that purpose. Government agencies, including Queensland Health, may use your personal information for the purposes of contact tracing or for another purpose relating to COVID-19. Personal information provided by you will be securely stored. Personal information recorded in this document will not otherwise be disclosed to other parties without your consent, unless the disclosure is authorised under law.

Please be aware that Heron Island has the right to refuse travel to Heron Island if any question answered on this survey, in anyway indicates a risk of COVID-19 transmission.

Please do NOT sign this document until check in at the Marina desk on your day of departure to Heron Island, or at check in at Heron Island reception if you are travelling by a flight transfer.

Signature: _____

Name: _____

Date: _____