



RUM JUNGLE MEAT EXPORTS – EST 3777

165 MENELING RD, BATCHELOR NT 0845

COVID-19 HEALTH DECLARATION FORM

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| | |
|--|----------------------------------|
| Name: | |
| Nationality: | |
| Gender: | |
| Mobile phone: | |
| Email: | |
| Risk history – last 14 days | |
| Did you travel outside of Northern Territory in the last 14 days? | Yes / No (delete as appropriate) |
| Countries: | |
| Australian states / territories: | |
| Did you have contact with a known or possible COVID-19 case? | Yes / No (delete as appropriate) |
| If yes, specify: | |
| Date of last contact: | ____/____/____ (DD/MM/YYYY) |
| In the last 14 days did you have any of the following symptoms? (delete as appropriate) | |
| • Cough | Yes / No |
| • Diarrhoea | Yes / No |
| • Fatigue | Yes / No |
| • Fever | Yes / No |
| • Chills or rigors | Yes / No |
| • Headache | Yes / No |
| • Nausea | Yes / No |
| • Pneumonia | Yes / No |
| • Shortness of breath | Yes / No |
| • Sore throat | Yes / No |
| • Vomiting | Yes / No |
| • Other symptoms? | Yes / No |



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|---|----------------------------------|
| Essential services (as classified by Australian Federal Government) | |
| Do you provide essential services? | Yes / No (delete as appropriate) |
| If yes, specify: | |
| Declaration | |
| The information I have given herein is true, correct and complete. I understand that failure to answer any question or any falsified response may have serious consequences. | |
| Signature: _____ | Date: ____/____/____ |
| Site access authorisation | |
| Access granted: | Yes / No (delete as appropriate) |
| Approved by: | |
| Signature: _____ | Date: ____/____/____ |