

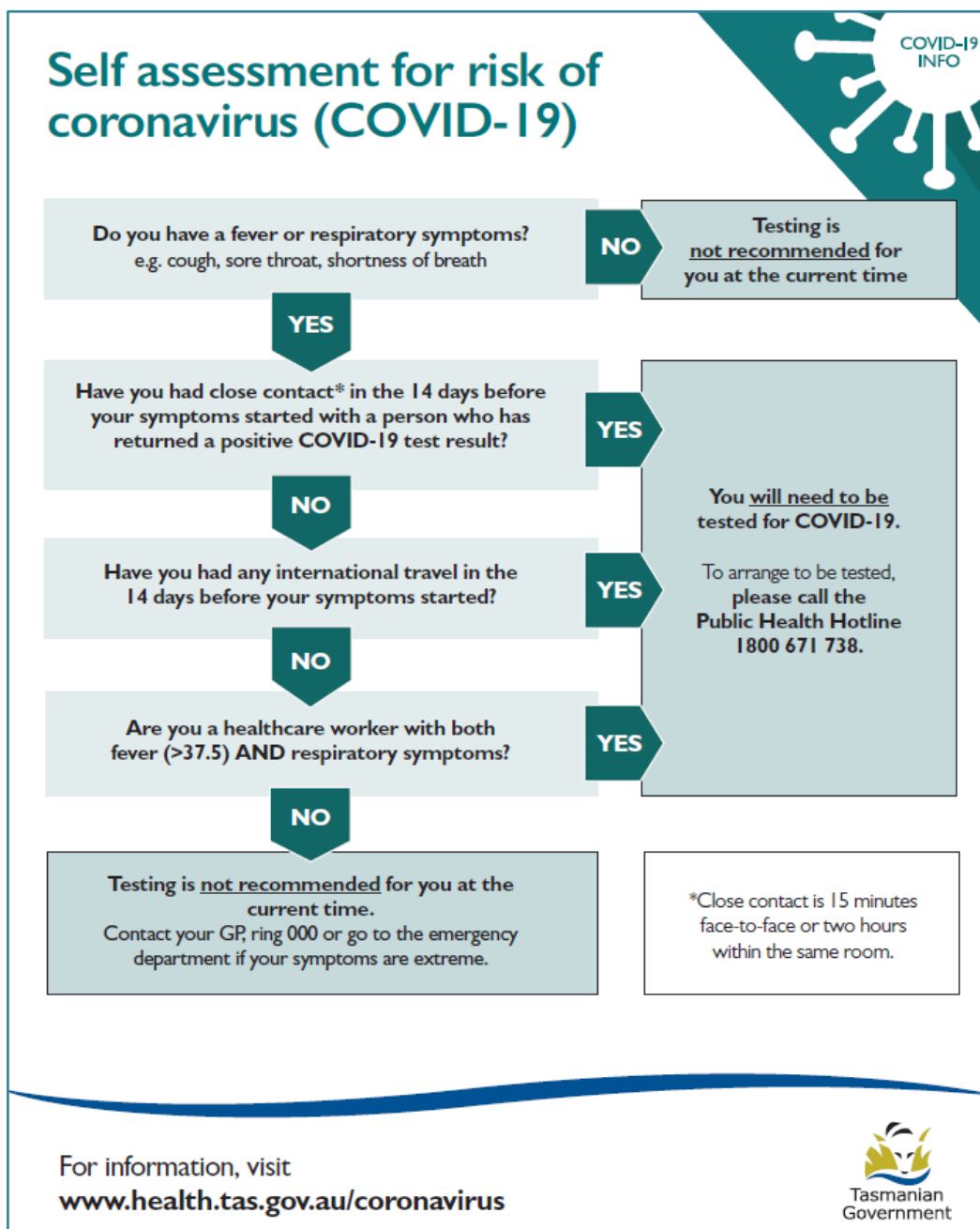
TASRAIL SITE ACCESS - COVID-19 SELF HEALTH DECLARATION

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|---------------------------------|---|
| Purpose | This self-health declaration is to determine whether you are at risk of transmitting, or currently have signs/symptoms of, COVID-19. |
| Submission Requirements: | Prior to attendance at a TasRail site, please complete and sign the below declaration and return it electronically to your point of contact at TasRail. If you have arrived at a TasRail site, please complete this form in hardcopy, and provide it to your point of contact. |
| Compliance Requirements: | If you answer NO to all questions below, please provide this signed form to your site contact and proceed to your work area as usual, ensuring to follow all hygiene and physical distancing practices. If you answer YES to any one of the questions below, DO NOT ENTER THE WORKSITE. Please call your TasRail contact person for further instruction. |
| Submission Instructions | If you are completing this form electronically, please send your completed declaration to covid19selfdec@tasrail.com.au . If you answer YES to any of the questions, you MUST NOT enter any TasRail site. Please call your TasRail contact person for further instruction. If you are completing a hardcopy of the declaration, please provide this to your TasRail site contact, and they will review the declaration and advise if permission is granted to enter the site. |

| Item No. | Section | Question | Result | |
|----------|----------|---|------------------------------|-----------------------------|
| 1 | Travel | In the past 14 days have you: - Returned from overseas without undertaking the mandatory 14-day quarantine period? - Resided in a designated high-risk region as defined by Public Health Authorities? - Transited through or spent greater than 2 hours in a designated high-risk region? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 | Contact | In the past 14 days have you: - Had close contact with a person who has returned from overseas or who resides in a designated high-risk region? - Had contact with a confirmed case of COVID-19? - Been exposed to anyone that is suspected or confirmed to have COVID-19? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3 | Symptoms | Are you experiencing any of the following symptoms, (first developed in the last 7 days)? - Loss of smell, loss of taste, cough, sore throat, fatigue, aches, pains, shortness of breath, runny or stuffy nose, headaches or raised temperature? <i>Refer Guidance Information – Self Assessment for further information on page 2.</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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| Details: | Sign Off – I declare that the above information is true and correct: | | |
| Company: | | Date: | |
| Name: | | Signature: | |
| TasRail Supervisor/Contact: | | | |
| Send to: | covid19selfdec@tasrail.com.au or hand completed form to your site contact. | | |

GUIDANCE INFORMATION: www.coronavirus.tas.gov.au



DOCUMENT CONTROL

| Action: | Date: | Comments / Changes: |
|----------------------|---------------|---------------------|
| Development Date: | April 2020 | Version 1 |
| Implementation Date: | April 2020 | Version 1 |
| Review Date: | June 2020 | Version 2 |
| | August 2020 | Version 3 |
| | November 2020 | Version 4 |
| | 2021 | |
| | 2022 | |