



Australian Government

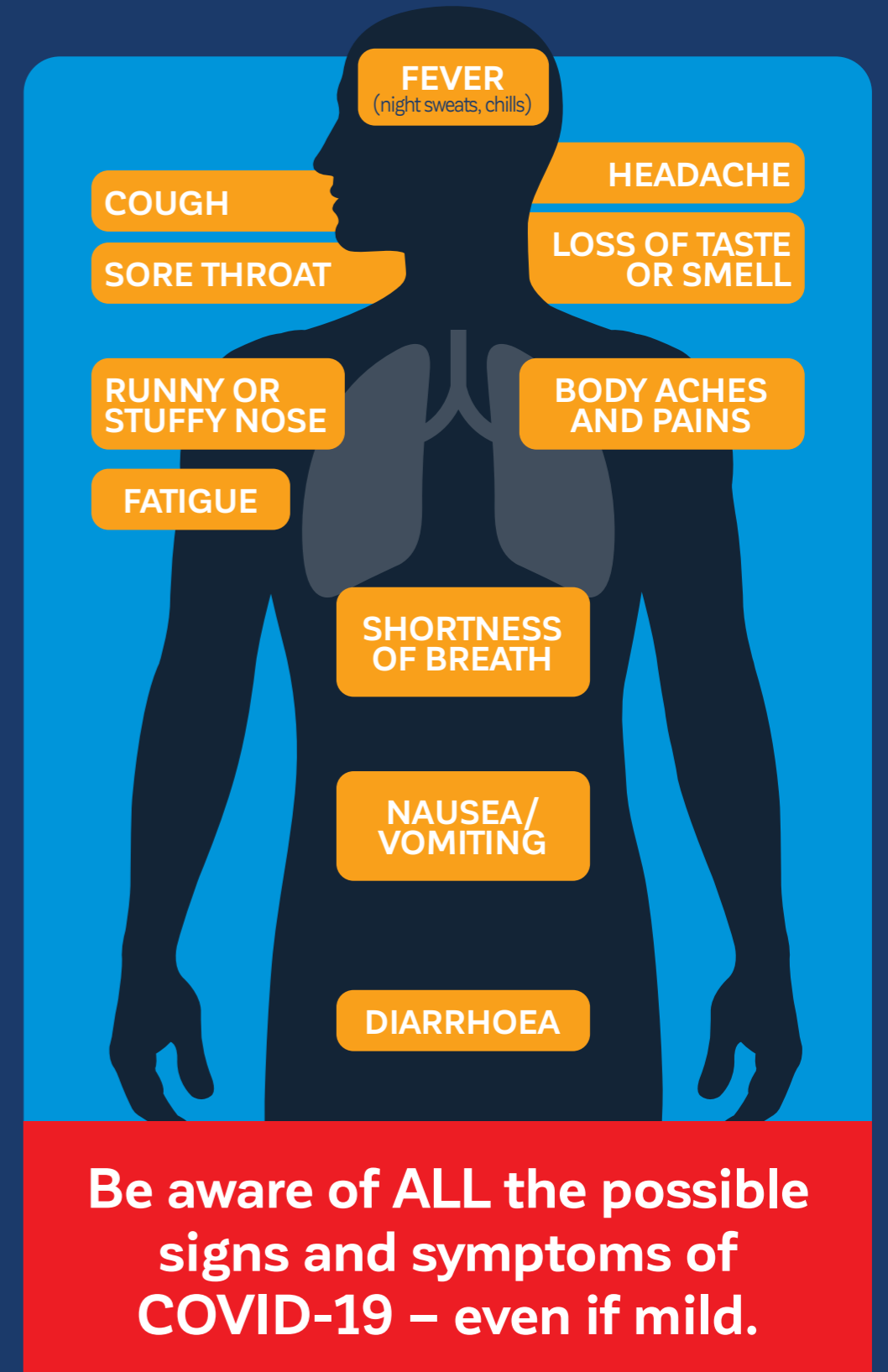
Department of Climate Change, Energy, the Environment and Water
Australian Antarctic Division



AUSTRALIAN
ANTARCTIC
PROGRAM

COVID-19 DAILY HEALTH CHECK

MINIMISE
THE SPREAD
OF COVID-19



Do you have any of the following signs or symptoms (EVEN MILD):

- Cough YES / NO
- Fever (or history of fever e.g. night sweats, chills) YES / NO
- Fatigue YES / NO
- Body aches and pains YES / NO
- Headache YES / NO
- Shortness of breath YES / NO
- Sore throat YES / NO
- Diarrhoea YES / NO
- Nausea / Vomiting YES / NO
- Runny or stuffy nose YES / NO
- Loss of taste or smell YES / NO
- Do you feel unwell in any other way? YES / NO

If you have answered “**YES**” to any of these questions, do not attend work, isolate and undertake COVID-19 testing.

If you are a close contact please follow Public Health advice and arrange to undertake your duties from home where possible.
Please follow COVID-19 safe measures – hand hygiene, mask wearing and social distancing where able.