

Individual Quarantine Exemption Application (Health Service)

Applicant's details

▶ Family name	<input type="text"/>	▶ Title	<input type="text"/>
▶ Given name/s	<input type="text"/>		
▶ Email	<input type="text"/>		
▶ Telephone 1 (Home)	<input type="text"/>		
▶ Telephone 2 (Business)	<input type="text"/>		
▶ Telephone 3 (Mobile)	<input type="text"/>		

Travelling from information

Addresses for all states in the last 14 days:

▶ State	<input type="text"/>	▶ Postcode	<input type="text"/>
▶ State	<input type="text"/>	▶ Postcode	<input type="text"/>

All Health Facilities worked in during the past 21 days:

▶ Name of Health Facility	<input type="text"/>	▶ Postcode	<input type="text"/>
▶ Name of Health Facility	<input type="text"/>	▶ Postcode	<input type="text"/>

Destination information

▶ Name of Health Facility:	<input type="text"/>		
▶ Arrival purpose and date due to commence role and employer (please be specific):	<input type="text"/>		
▶ Applicant's Signature	<input type="text"/>	▶ Date	<input type="text"/>

Individual's declaration

Have you arrived from overseas within the last 14 days? ▶ Yes ▶ No

Do you display any influenza like symptoms? ▶ Yes ▶ No

I will comply with any condition imposed on me. ▶ Yes ▶ No

I agree if this exemption is withdrawn I will immediately self-quarantine for 14 days ▶ Yes ▶ No

▶ Applicant's Signature

▶ Date

Authorisation

▶ Approved

▶ Not Approved

Authorising Officer's details

▶ Name

▶ Position

▶ Applicant's Signature

▶ Date

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