

Visitor Declaration



We are aware of cases of Coronavirus (COVID-19) associated with the increasing number of regions around the world and here in Australia. We continue to monitor the Australian Government Department of Health and World Health Organisation communications to address the appropriate level of response to this developing situation. The health, welfare and wellbeing of our residents and employees is important to us and we have carefully considered additional control measures to ensure that we are vigilant and proactive.

Isolation Period

We have implemented a 14 day self-isolation period for all residents and employees who have travelled or who have been in close contact with a person who has travelled or have been in contact with a person diagnosed with Coronavirus or has been in close contact with anyone with the following symptoms: fever, cough, sore throat, fatigue or shortness of breath.

We have also introduced a 14 day self-isolation period for new residents and residents returning from holidays or hospital whether they meet the above criteria or not.

Visitor Controls

We are implementing these same control measures for visitors and contractors. Any visitors to our Community are required to complete the following questionnaire. Visitor rights can only be granted by the Community Managers.

1. Are you or anyone you have been in close contact with feeling unwell with symptoms such as: fever, cough, sore throat, fatigue or shortness of breath? Yes No
2. Have you travelled overseas or interstate in the last 14 days? Yes No
3. Have you been in contact with a person diagnosed with Coronavirus in the last 14 days? Yes No
4. Have you been in close contact with a person who has travelled in the last 14 days? Yes No

If you answered yes to any of the above questions, you will not be permitted to enter any of our Seasons Communities for a period of 14 days after any of the above events.

Flu Vaccinations

Have you had a flu vaccination in 2020? Yes No

^From May 1st 2020, if you answered no to the above question, you will not be permitted to enter Seasons Communities until you have done so.

Declaration

Full name of resident you are visiting _____

I, _____ [full name] of

_____ [address]

declare that I have answered the above questions truthfully and to the best of my knowledge.

Signed _____

Date: _____

Visitor access approved by: _____ [full name]

Signed _____

Date: _____