

DECLARATION FOR GUESTS – HOTELS IN QUEENSLAND

Dear Guest

In line with QLD government directions and guidelines, and having regard for your health and safety and that of our employees and guests, we request for your cooperation in taking precautionary measures to mitigate the spread of the COVID-19.

If you would kindly fill out this declaration it would be most appreciated. Accompanying parents and guardians should complete the form for children under the age of 18 years old.

Your privacy is important to us. By providing the information in this form, you consent to our collection, use, processing, transfer, and/or disclosure of your personal data, including any sensitive data, in accordance with all applicable laws for the purposes of:

- monitoring, evaluating, and responding to the COVID-19 outbreak;
- providing accommodation and services in the Hotel having regard to Public Health Agency guidelines, and, to the extent necessary, for the safety of our guests and staff;
- providing information to Public Health Agencies, medical personnel and any other relevant governmental agency including for contact tracing.

Please note that we will securely retain this information for a period of 56 days following your check-out from the hotel after which time it will be securely destroyed unless we are required to keep the form for one of the above purposes.

Question 1

Are you checking in to self-isolate or self-quarantine for reasons related to COVID-19?

Yes No

If **yes**, what is the reason?

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Question 2

Have you attended an 'exposure site' or a 'hotspot', OR have you been identified as a 'close' or 'casual' contact, or do you believe you should be?

Yes No

If **yes**, what directions or instructions apply to you?

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Question 3

Do you have any reason to believe that you have or may have COVID-19?

Yes No

Question 4

Do any Public Health Orders currently restrict your movement / travel due to the location of your residence or work, or previous travel history?*

Yes No

(a) If **yes**, is your stay permitted under these Orders?*

Yes No

**If you are uncertain (or your answer to Question 4(a) is "No"), please consult the following website regarding movement restrictions:
www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19*

If your answer is "Yes" to **questions 1** or **2** please consult the following government website regarding self-isolation requirements: www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/current-status/public-health-directions/self-isolation-covid19-diagnosis/covid-19-isolation-



requirements. One of our team members will be in touch with you to discuss how our services will be provided during your stay.

If your answer is “**Yes**” to **question 3**, unfortunately, we are unable to accept your booking. Please consult directions from the QLD Government Department of Health.

If you answered “**No**” to **question 4(a)**, unfortunately, we are unable to accept your booking. We note that we may be required to report your presence at the Hotel to relevant authorities.

If you become ill with COVID-19 related symptoms, are tested for or diagnosed with COVID-19 during your stay, or become aware of the need to self-isolate while staying at the hotel or within 14 days of your stay, please inform us immediately and follow the advice of the Public Health Agency for the State in which you are located. The number for each Public Health Agency is available at: www.health.gov.au/state-territory-contacts

Name	_____	Room No	_____
Date of check-in	_____	Phone no.	_____
Time of check-in	_____	Date of check-out	_____

Thank you for your understanding and co-operation and we apologise for any inconvenience caused.

Sign here

Date

