



COVID-19 Suspected or Confirmed Case Question Sheet Port User

Port User Name	
Company	
GeelongPort Location (tick those that are applicable)	<input type="checkbox"/> Corio Quay <input type="checkbox"/> Lascelles <input type="checkbox"/> Refinery <input type="checkbox"/> Bulk Grain Pier
Medical Information	
What symptoms have they experienced?	
How long have the symptoms been present?	
How and where the port user (potentially) came into contact with COVID-19	
Has the port user undergone any self-isolation? If so for how long and where?	
Exposure in the workplace	
Where have they physically been in the workplace over the past 24 hours (or longer if port user states symptoms have been present for a longer period)	



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<p>Who has the port user been in contact with whilst on GeelongPort site including employees, contractors, any other form of colleagues, customers, competitors, trucking companies</p>	
<p>If Port User has returned from international travel – please ask the following</p>	
<p>Where they have travelled from/to?</p>	
<p>Journey start and end dates</p>	
<p>Additional questions</p>	
<p>Whether they have been to a location that is known to have personnel impacted by the virus</p>	
<p>Whether there is any other relevant information?</p>	

RETURN COMPLETED FORM VIA EMAIL TO: communications@geelongport.com.au