



## COVID-19 QUEENSLAND DIRECTIVE

The Chief Health Officer, Dr Jeanette Young, has updated her Directive with regard to Covid-19 requirements for all disability accommodation services.

Entry to Fina facilities is now restricted to those people identified in the Directive.

[Disability Accommodation Services Direction](#)

**Permitted visitors according to this Directive are asked to:**

- complete this form (Part A) and submit to Fina prior to your visit
- complete Part B of this form at the conclusion of your visit and submit to Fina prior to departure

Contact information, as required by the Directive, will be kept for a period of 56 days after which it will be deleted.

### Part A

Name			
Phone number			
Email address			
Time of entry		Date of entry	

**I am permitted entry as:**

- employee/contractor
- supplier necessary for the effective operation of the Fina facility
- health/allied health professional
- provider of essential disability support
- provider of end-of-life support for a resident
- provider of emergency management/law enforcement
- representative of a government agency or entity as prescribed in law
- representative of a court/tribunal
- prospective resident
- provider of behavioural/emotional/social/advocacy support to a resident that cannot be delivered by non-contact means



**Please tick:**

- I have not arrived in Australia from a place outside Australia within the preceding 14 days
- I have not been in a **Covid-19 hotspot** within the preceding 14 days
- I have not been in contact with a person who has a confirmed case of Covid-19 within the preceding 14 days
- I have no symptoms consistent with Covid-19
- My influenza vaccination is up-to-date

**I agree to:**

- submit to a temperature check
- observe social distancing
- use hand sanitiser frequently during my visit
- use Personal Protective Equipment (PPE) in accordance with the Directive (masks and gloves provided if necessary)
- don and doff PPE in accordance with Australian Guidelines. [COVID: Correct use of PPE](#)
- follow the reasonable directions of Fina staff with regard to the Directive

## Part B

Time of departure	
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**People with whom I engaged:**

Name	Location	Duration of Engagement	Comment

**I confirm that:**

- I have read and understood the [Disability Accommodation Services Direction](#)
- I shall abide by the Directive
- all the information provided in this form is true and correct
- I shall advise Fina immediately should I develop any symptoms consistent with Covid-19 in the following 14 days

Please sign the completed form, scan and email to Fina at [fina@fina.org.au](mailto:fina@fina.org.au)

Alternatively, complete the form, sign it and present it at the Fina facility when you arrive.

Signed		Date	
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