

Application for Exemption (SI-004)

Entry to Designated Biosecurity Area

Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) (Emergency Requirements for Remote Communities) Determination 2020

Date of Application:			
Applicant Name:		Date of Birth	/ /
Address:			
Phone:		Email:	
Entry requested for designated area name:			
Reason for entry:			
In the last 14 days have you travelled:	<input type="checkbox"/> Have you been outside Australia? Location: <input type="checkbox"/> Have you been outside Queensland? Location: <input type="checkbox"/> Have you travelled within Queensland? Location:		
In the last 14 days have you had any contact with a confirmed, possible or suspected case of COVID-19?			<input type="checkbox"/> Yes <input type="checkbox"/> No
In the last 14 days have you had any of the following symptoms?		<input type="checkbox"/> Cough <input type="checkbox"/> Fever (≥ 38°) <input type="checkbox"/> Sore Throat <input type="checkbox"/> Shortness of breath	
Mode of transport to be utilized: <input type="checkbox"/> Air <input type="checkbox"/> Road <input type="checkbox"/> Sea		Has this been arranged: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant Signature:		Date: / / 2020	
HBO advice to LDMG chair: EOC_TRS_CNS@health.qld.gov.au			
Approved:	<input type="checkbox"/> YES		
	<input type="checkbox"/> NO		
Local Disaster Management Chair LDMG Area:		Signature: Date: / / 2020	