



Cairns District
Disaster Management Group

Self-Isolation – (SI-001)

Request for Entry to an Approved Facility

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

Date of Request:			
Applicant Name:		Date of Birth	/ /
Address:			
Phone:		Email:	
Entry requested for designated area name:			
Reason for entry:			
Reason for absence from designated area:			
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 ($\geq 38^\circ$) <input type="checkbox"/> Sore Throat <input type="checkbox"/> Shortness of breath		
Mode of transport to be utilized after isolation:	<input type="checkbox"/> Air <input type="checkbox"/> Road <input type="checkbox"/> Sea	Has this been arranged: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature			
Referred	<input type="checkbox"/> Yes. Referral for Self-Isolation in Approved Facility and entry into the Biosecurity Area upon successful completion of the 14-day period.		
	<input type="checkbox"/> No		
Local Disaster Management Chair LDMG Area:	Signature: _____ Date: / / 2020		
Forward to cairnsDDCC.covid.19inquiries@police.qld.gov.au			



Queensland Government