**COVID-19 Update for UNIT \_\_\_**

|  |  |  |
| --- | --- | --- |
|  | Answer “Yes” in this column if it applies | Answer “No” in this column if it applies |
| Working from home |  |  |
| Recently overseas |  |  |
| In 2 week isolation |  |  |
| Been tested for COVID-19 |  |  |
| Currently have COVID-19 |  |  |
| Senior citizen |  |  |
| Auto immune condition |  |  |
| Requires medication |  |  |
| Requires life support equipment |  |  |
| Good health |  |  |
| High risk partner/family members |  |  |
| Face mask |  |  |
| Hand sanitizer |  |  |
| Toilet Paper |  |  |
| Food & Water Supply |  |  |
| Car with fuel |  |  |
| Available to help others |  |  |
| Languages spoken |  | |
| Nationality |  | |
| What I’m good at |  | |

My Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By voluntarily posting this on my apartment door, I am consenting to this information being provided to owner-occupiers and tenants in the building, strata and/or facilities managers and tradespeople who visit the building e.g. cleaners

In Case of Emergency, please contact:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_