



**Queensland
Government**

**QUEENSLAND HEALTH
PHA S71 COVID-19 NOTIFIABLE
CONDITION REPORT FORM
for Queensland Public Hospitals**

This is an approved form as specified in the Queensland *Public Health Act 2005* (Chapter 3 Part 2, Division 2 - Notices about Notifiable Conditions) and the *Public Health Regulation 2018* (Schedules 1 and 2)

PATIENT DETAILS: (please print or place patient details label here)

First Name:		Gender:	Female <input type="checkbox"/>	Male <input type="checkbox"/>
Surname:				
Address:		DOB:		
Town:		Postcode:		
Phone:		Mobile:		

Aboriginal Torres Strait Islander Aboriginal & Torres Strait Islander Non-Indigenous Unknown

Provisional diagnosis notifiable condition means a notifiable condition—

which can be provisionally diagnosed on the basis of clinical evidence, including clinical history and signs and symptoms; while awaiting laboratory confirmation.

COVID-19 is a provisional diagnosis notifiable condition

Notifiable Condition: COVID-19

Date of onset: ____/____/____	Date of collection for Point of Care (POC) Rapid Antigen Test (RAT): ____/____/____
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Likely source of exposure:	Country where acquired:
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Specimen(s) taken for PCR testing? Yes No

Laboratory if PCR confirmatory testing:

QML SNP Path. Qld Mater Pathology Other Specify.....

Healthcare Facility name:

Name, address and phone number of person completing notification form (or stamp)	Signature:
	Date: ____/____/____

PLEASE SEND COMPLETED FORM VIA EMAIL TO QUEENSLAND HEALTH

QTrace.TestResults@health.qld.gov.au