COVID-19 Clinical Screening Assessment

1. Reason for Presentation:

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2. Recent international travel history  ☐ No ☐ Yes (in the 14 days prior to illness onset)

3. Location of recent travel

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4. Recent cruise ship passenger or crew?  ☐ No ☐ Yes (in the 14 days prior to illness onset)

5. Close contact with confirmed or probable COVID-19 case? ☐ No ☐ Yes (in the 14 days prior to illness onset)

   Contact Date: ...............................................................................................................................

6. Is patient a healthcare, aged or residential care worker involved with direct patient care?  ☐ No ☐ Yes

7. Does the patient work/reside in any of the following high risk settings?  ☐ No ☐ Yes

☐ Aged care and other residential care facilities  ☐ Boarding schools  ☐ Childcare centres

☐ Correctional facilities  ☐ Detention centres  ☐ Educational settings where students are present

☐ Military - group residential and other closed settings  ☐ Remote industrial sites with accommodation (e.g. mine sites)

☐ Aboriginal and Torres Strait Islander rural and remote communities (in consultation with the local Public Health Unit)

☐ Settings where COVID-19 outbreaks have occurred (in consultation with the local Public Health Unit)

8. Has the patient travelled or lived in an identified area with elevated risk of community transmission?

☐ No ☐ Yes (in the 14 days prior to illness onset)


9. Signs and Symptoms  ☐ No ☐ Yes

☐ Acute respiratory distress  ☐ Anosmia (change/loss in smell)  ☐ Arthralgia  ☐ Cough  ☐ Diarrhoea

☐ Dysgeusia (change/loss in taste)  ☐ Fatigue  ☐ Fever  ☐ Headache  ☐ Loss of appetite

☐ Muscle aches  ☐ Nausea/Vomiting  ☐ Rhinorrhoea  ☐ Shortness of breath  ☐ Sore throat

Other: .............................................................................................................................................................

Symptom Onset Date: ......................................


11. Additional Information:

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12. Outcome

☐ Advice only - no testing required based on guidelines at time of screening assessment

☐ Instructed to self-quarantine and present for testing if becomes symptomatic

☐ Tested - follow up required (patient instructed to self-isolate)

☐ Refer for Direct Admission  ☐ Refer to Emergency Department  ☐ Refer to GP

☐ Refer to QH Clinic

Other: ...............................................................................................................................................................