COVID-19 Clinical Screening and Risk Assessment

Reason for Assessment or Presentation

Clinical and Symptom Risk

- None
- Acute respiratory distress
- Anosmia (change or loss in smell)
- Arthralgia
- Cough
- Diarrhoea
- Dysgeusia (Change or loss in taste)
- Fatigue
- Other:

Symptom Onset Date: __________/________/_______
Have one or more symptoms resolved:  Yes  No
Date of first symptom resolution: __________/________/_______
Additional information:

Testing

Has the patient recently been tested for COVID-19?  Yes  No
Date Tested: __________/________/_______
Test Type:  PCR  RAT
COVID-19 Test Result:  Negative  Pending  Positive

Epidemiological Factors

In the last 14 days has the patient been in an area with an increased risk of an exposure to people with COVID-19?  Yes  No
- No
- Contact with a confirmed COVID-19 case
- Overseas
- At a declared hotspot
- An ‘area of concern’
- At an exposure venue
- Other:

When was the exposure?: __________/________/_______

Is the patient subject to a quarantine order or Public Health order?  Yes  No

Does the patient work or reside in any of the following high-risk settings?

- None of the below
- Aboriginal & Torres Strait Islander rural & remote communities
- Aged care and other residential care facilities
- Correctional and detention facilities
- Remote industrial sites with accommodation
- Hospital or other healthcare services
- Food processing, distribution and cold storage facilities including abattoirs
- Quarantine hotel
- Crowed or high-density housing
- Homeless shelters and residential / crisis hotels
- Other:
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<thead>
<tr>
<th>Facility/Clinic:</th>
<th>Date of birth:</th>
<th>Sex:</th>
<th>M</th>
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### Vaccination Details

**Vaccine doses received**
- [ ] One dose
- [ ] Two doses
- [ ] Three doses
- [ ] None
- [ ] Other: ..........................................................

**Vaccine brand last administered:**
- [ ] Pfizer (Comirnaty) BNT162b2 (mRNA)
- [ ] AstraZeneca (Vaxzevria) ChAdOx1-S
- [ ] Moderna (Spikevax) Elasomeran
- [ ] Unknown
- [ ] Other (please state): ..........................................................

**Date of last COVID-19 Vaccination:** .......... / ......... / .........

### 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: ..........................................................................................................................

For further information on current guidelines visit Australian Government: The Department of Health website: