



Queensland  
Government

## COVID-19 Clinical Screening Assessment

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

Facility: .....

**1. Reason for Presentation:** .....

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

**3. Location of recent travel** .....

**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)

<https://www.health.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/current-status/hotspots-covid-19>

**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: .....

**10. Vital Signs:** SpO2: ..... Peripheral Pulse Rate: ..... Respiratory Rate: ..... Temperature: .....

**11. Additional Information:** .....

**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: .....

**For further information on current guidelines visit Australian Government: The Department of Health website: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm>**

Name:

Designation:

Signature:

Date:

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v4.00 - 05/2020



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