



Queensland  
Government

## COVID-19 Clinical Screening and Risk Assessment

Facility/Clinic: .....

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

### Reason for Assessment or Presentation

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

### Clinical and Symptom Risk

- |  |   |
|--|---|
| <input type="checkbox"/> None                                | <input type="checkbox"/> Fever                    |
| <input type="checkbox"/> Acute respiratory distress          | <input type="checkbox"/> Headache                 |
| <input type="checkbox"/> Anosmia (change or loss in smell)   | <input type="checkbox"/> Loss of appetite         |
| <input type="checkbox"/> Arthralgia                          | <input type="checkbox"/> Muscle aches             |
| <input type="checkbox"/> Cough                               | <input type="checkbox"/> Nausea and / or Vomiting |
| <input type="checkbox"/> Diarrhoea                           | <input type="checkbox"/> Rhinorrhoea              |
| <input type="checkbox"/> Dysgeusia (Change or loss in taste) | <input type="checkbox"/> Shortness of breath      |
| <input type="checkbox"/> Fatigue                             | <input type="checkbox"/> Sore throat              |
| <input type="checkbox"/> 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 Location: .....  
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?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> No                    | <input type="checkbox"/> Contact with a confirmed COVID-19 case | <input type="checkbox"/> Overseas             |
| <input type="checkbox"/> At a declared hotspot | <input type="checkbox"/> At an exposure venue                   | <input type="checkbox"/> An 'area of concern' |
| <input type="checkbox"/> 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?

- |  |  |
|--|--|
| <input type="checkbox"/> None of the below                               | <input type="checkbox"/> Aboriginal & Torres Strait Islander rural & remote communities                |
| <input type="checkbox"/> Hospital or other healthcare services           | <input type="checkbox"/> Food processing, distribution and cold storage facilities including abattoirs |
| <input type="checkbox"/> Aged care and other residential care facilities | <input type="checkbox"/> Quarantine hotel  |
| <input type="checkbox"/> Correctional and detention facilities           | <input type="checkbox"/> Crowded or high-density housing   |
| <input type="checkbox"/> Remote industrial sites with accommodation      | <input type="checkbox"/> Homeless shelters and residential / crisis hotels                             |
| <input type="checkbox"/> Other: .....                                    |  |

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COVID-19 CLINICAL SCREENING AND RISK ASSESSMENT



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Sex:  M  F  I

Facility/Clinic: .....

### 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) Elasmoran  
 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:**

<https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm>

Name:

Designation:

Signature:

Date:

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