|  |
| --- |
| Under the *Public Health Act 2005* (Qld) the Chief Health Officer has restricted entry into Queensland from a COVID-19 hotspot under the *Border Restrictions Direction (No. 39)* or its successors. This is to assist in containing, or to respond to, the spread of COVID-19 within the community.  A person entering Queensland from a declared COVID-19 hotspot for the purpose of receiving essential health care presents a COVID-19 transmission risk. Please consider if the person can be referred to, or seek treatment at, a health service, facility or provider in their local area.  A person (the patient or client) who is entering Queensland from a declared COVID-19 hotspot to receive essential health care is required under the Chief Health Officer Public Health Direction *Border Restrictions Direction No.14,* or its successor,to present written evidence of their essential health care appointment as a condition of entry at the border.  This approved form:   * must be used when the essential health care is an appointment with a prescribed health practitioner at a premises other than the Queensland Children’s Hospital, a Queensland Hospital and Health Service or associated outreach location, a Queensland private health facility or an ancillary clinic or service, or an Aboriginal and Torres Strait Islander Community Controlled Health Service; and * may be used as evidence of other essential health care appointments.   This form must be completed by a person in charge of the relevant health service or facility or a health provider who will be providing essential care to the person in Queensland.  Once completed the form should be provided to the patient/client or their support person. A copy may also be provided to the treating health service or facility. |

**Details of the patient/client**

Name of the patient/client: [INSERT NAME] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residential address of the patient/client: [INSERT DETAILS] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Details for the patient/client support person/s**

Name of the support person/s: [INSERT NAME]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residential address of the support person/s: [INSERT DETAILS]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Details of the treating health practitioner and facility/service**

Name of the treating health practitioner: [INSERT NAME]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of facility or service providing health care: [INSERT DETAILS]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of stay that is required for the patient/client to receive care: [INSERT DETAILS]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start date of care: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End date of care: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Quarantine requirements**

If the care or treatment will extend across more than one day, the patient/client and their support person (if applicable) will be issued a quarantine notice at the border. The quarantine notice will provide the quarantine requirements for the patient/client and their support person/s.

The treating facility or practitioner will be responsible for ensuring that the facility or premises can accommodate the quarantine requirements for the patient/client and their support person.

**Declaration**

To protect residents of Queensland from the effects of COVID-19, it is a requirement of the Chief Health Officer that the treating health provider or the person in charge of the relevant health care facility or service declare that:

1. the nature of the essential health care requires the patient/client to enter Queensland to receive the care within a clinically appropriate timeframe; and
2. the patient must be physically present in Queensland to receive the essential health care; and
3. all necessary steps will be taken to manage the potential risk of COVID-19 transmission presented by the patient/client travelling from a declared COVID-19 hotspot.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as the (tick one)

* Treating health practitioner providing the essential health care
* Person in charge of the private health care facility licensed under the *Private Health Facilities Act 1999*
* Hospital and Health Service [insert position] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

declare that the information I have provided is true and correct. I acknowledge that providing false or misleading information is an offence under the *Public Health Act 2005* (Qld) and may render me liable to a fine of up to 100 penalty units.

Declared by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / 2021.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_\_

*Privacy Notice*

The information collected on this form is collected for or by Queensland Health and Hospital and Health Services for the purpose of responding to a declared public health emergency under the *Public Health Act 2005* and may be shared with other government agencies for that purpose. You are allowed to access your information. If you wish to access or correct any of the personal information on this form or discuss how it has been dealt with, please contact Queensland Health or the relevant Hospital and Health Service. Details about how to contact Queensland Health or a Hospital and Health Service, or to learn more about how they deal with your confidential information and how you can access your information can be found at:[*https://www.health.qld.gov.au/system-governance/health-system/hhs*](https://www.health.qld.gov.au/system-governance/health-system/hhs)[*https://www.health.qld.gov.au/global/privacy*](https://www.health.qld.gov.au/global/privacy)

*\*Note - This form has been approved by the Chief Health Officer.*