Admission Questionnaire For Patient Regarding

Acute Infectious Disease

In order to ensure the safety and wellbeing of all our patients, visitors and staff, we require you to complete the following questionnaire regarding recent travel history and your current state of health. This vigilance is a variation on a recommendation of the Australian Department of Health and the Victorian Department of Health & Human Services.

1. Have you travelled or returned from traveling in the last 14 days?
   If Yes, Where? _____ ☐ Yes ☐ No

2. Reside in or visited a known high-risk area with cluster of cases? ☐ Yes ☐ No
   (Please see the list of case locations at reception desk)
3. Have you been identified as a **PRIMARY** or **SECONDARY** close contact o COVID-19 case? ☐ Yes ☐ No
4. Worked or volunteered in high-risk occupation (such as hotels quarantine or another direct contact with Covid Patient? ☐ Yes ☐ No

5. Recently tested for COVID-19? ☐ Yes ☐ No
   If Yes Date:_____ Results**:** ☐ **Negative** ☐ **Positive**

6. Do you have any of these symptoms?

A cough	☐ Yes	☐ No
Fever or chills	☐ Yes	☐ No
A sore throat	☐ Yes	☐ No
Shortness of breath	☐ Yes	☐ No
Other respiratory symptoms including runny nose	☐ Yes	☐ No
A recent loss of sense of smell or taste	☐ Yes	☐ No

Declaration

To the best of my knowledge, the information provided in this application is true and correct.

Patient Signature :

_____

Patient Name :

_____

Date :

_____

Attention Hospital staff: If a patient answer YES to any of the question above, please notify the Nursing team and the CEO/DON.