VICTORIA UNIVERSITY INSTITUTE FOR HEALTH AND SPORT

COVID-19 SCREENING ASSESMENT

Contact

- Contact with a **confirmed or suspected** COVID-19 case within the last 14 days
- Healthcare, aged, or residential care worker involved in direct patient care

Travel

- **International travel** within the past 14 days
- Known **contact** with someone who has returned from **internation travel** in the last 14 days?

Symptoms

- Experienced **one or more** of the following gin the last 14 days:
  - Fever or chills
  - Caugh
  - Fatigue
  - Shortnes of breath
  - Muscle or joint pains
  - Headache
  - Sore throat
  - Blocked nose
  - Nausea and vomiting
  - Diarrhoea

Reference: Australian Government Department of Health; Coronavirus disease (COVID-19). Guidance for symptom monitoring in health and aged care workers during the COVID-19 outbreak

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COVID-19 SCREENING ASSESMENT

Study: _____

Participant code: _____

Date: _____

Day prior to visit	**Researcher/assessor:** _____
Contact	
Have you been in contact with a **confirmed or suspected** (being tested) case within the past 14 days?	☐ Yes ☐ No If yes, date: _____
Have you been in contact with **someone who has returned from overseas** in the past 14 days?	☐ Yes ☐ No If yes, date: _____
Travel	
Have you been on a **cruise ship** in the last 14 days?	☐ Yes ☐ No If yes, date: _____
Have you arrived from **overseas** in the last 14 days?	☐ Yes ☐ No If yes, date: _____
Have you arrived from **interstate** in the last 14 days?	☐ Yes ☐ No If yes, date: _____
Symptoms	
Do you feel unwell with any **cold or flu like symptoms** such as cough, sore throat, headache, fatigue or body aches?	☐ Yes ☐ No If yes; describe: _____ _____ _____
Do you/have you **felt feverish**, had night sweats or had a high temperature recorded in the last 14 days?	☐ Yes ☐ No If yes; describe: _____ _____ _____
Outcome	
☐ Continue with participation/testing	☐ Pause participation and reassess (date): _____
NOTES: _____	

Day of visit	**Researcher/assessor:** _____
Contact	
Have there been any changes in contact with a **confirmed or suspected** case or overseas travelers since the previous assessment?	☐ Yes ☐ No If yes; describe: _____ _____ _____
Symptoms	
Do you feel unwell with **any cold or flu like symptoms** such as cough, sore throat, headache, fatigue or body aches?	☐ Yes ☐ No If yes; describe: _____ _____ _____
Do you/have you **felt feverish**, had night sweats or had a high temperature recorded in the last 24 hours?	☐ Yes ☐ No If yes; describe: _____ _____ _____
Outcome	
☐ Continue with participation/testing	☐ Pause participation and reassess (date): _____
NOTES: _____	

Reference: Australian Government Department of Health; Coronavirus disease (COVID-19). Guidance for symptom monitoring in health and aged care workers during the COVID-19 outbreak