

Client Pre-screening Questionnaire

This survey has been developed as part of VU's COVID Recovery Strategy to ensure a COVID Safe working and learning space for our community, clients, staff and students.

The information collected by the University in the survey will be used by the University for COVID Safe purposes only. The information will be managed in accordance with the University's [Privacy Policy](#) and the privacy statements for the collection of client information. If you do not complete the survey the University may not be able to assess whether the campus is COVID safe and you may be prevented from attending our internal clinic in person until such time as the University considers the campus to be COVID safe. You can contact the University's privacy officer for any queries (privacy.officer@vu.edu.au).

By completing the survey, you consent to the collection of your personal information by the University. *Please complete the pre-screening questionnaire **no earlier than 48 hours** prior to your scheduled appointment.*

If you have answered YES to any of the below Self-Assessment Questions, you are not eligible to attend our internal clinic in person until you are cleared.

Your Details:	
First Name:	
Last Name:	
Phone:	
Email:	
Appointment Date and Time:	

Self-Assessment Questions:	Yes	No
Have you experienced any of the following symptoms within the last 14 days? <ul style="list-style-type: none">FeverCold or Flu like symptoms such as coughing, sore throat and headacheDifficulty breathing or respiratory issues		
Have you been in contact with anyone with a confirmed diagnosis of COVID-19 in the last 14 days?		
Have you been told to self-isolate in the last 14 days?		
Have you been tested for COVID-19 and awaiting results?		
I agree when attending the Clinic to maintain high hygiene standards and comply with the Clinic's COVID-19 safe practice guidelines		

I declare that the above information is correct and that if any conditions change I will notify the Clinic immediately.

Signed:	Date:
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RESET FORM

SAVE FORM