

Melbourne ENT Group
COVID-19 Health Status Questionnaire

Patient Name: _____

Patient Date of Birth: _____

Patient Contact Number: _____

Name and Phone Number of Person(s) Accompanying:

Please answer ALL of the following questions within 24 hours of your appointment

Question	YES	NO	Notes
Do you have a cough?			
Do you have a sore throat?			
Do you have unexplained shortness of breath?			
Do you have a recent loss of your sense of smell and / or taste?			
Have you or anyone in your family had a COVID19 swab in the last 3 days?			
If so, has the result come back POSITIVE?			
Do you work, or do you have any family members who work, in any places that have had a recent COVID19 outbreak?			
Have you travelled overseas in the last 14 days?			
Has your family or household members returned from overseas travel within the last 14 days?			
Have you cared for or come into contact with anyone with a confirmed case of COVID19?			

If any of the above questions are answered 'YES' then Bring to attention of Consulting ENT, and then likely proceed with MEG Policy of advice and appointment rescheduling.

SIGNATURE _____ **DATE** _____

MEG Staff to complete following questions on arrival to clinic:

Question	YES	NO	N/A
Passed Thermal Scan			
Passed Manual Temperature check (only when Thermal Temp >37.5 oc)			

This document is to be scanned into the patients' file. If an additional document is filled in by a parent/carer or interpreter it will also be scanned in the attending patients' file.