

SVHM COVID-19 Screening Tool			
Name/UR/DOB		Date	
		Time	
To be completed prior to and/or at time of admission		NO	YES
Have you had contact with a suspected or confirmed case of COVID-19?			
Have you travelled overseas or interstate in the last 14 days?			
Have you had a positive COVID-19 test in the past 14 days?			
Have you been contacted by DHHS in the last 14 days to have a COVID-19 swab?			
Do you reside in, or have you recently visited an exposure site as per DHHS website?			
Do you live in a high risk environment? (Aged Care Residential, Hostel, Boarding House, Refuge, Homelessness)			
Do you have a fever or temperature over 37.5 degrees?			
Do you have an acute respiratory infection?			
Do you have a cough?			
Do you have a runny or stuffy nose?			
Do you have a tickle or soreness in your throat?			
Do you have a new and unexplained:	• Shortness of breath?		
	• Headache?		
	• Muscle weakness?		
	• Loss of sense of smell?		
	• Loss of taste?		
If NO to <u>all</u> of the above →		Progress with admission	
If YES to <u>any</u> of the above →		Notify treating team If travelled overseas refer to Information for overseas travellers or if interstate, the Victorian Travel permit system website	
Form completed by			
Name		Designation	
Department		Contact No.	