|  |  |  |
| --- | --- | --- |
| ***Have you worked or volunteered at a HOTEL QUARANTINE SITE in the last 14 days?*** | **Yes** | **No** |
| ***Please be advised :*** ***Students are not eligible to undertake a clinical placement at a health service if they have undertaken a placement and/or volunteered at a hotel quarantine site within the last 14 days.*** | [ ]  | [ ]  |
| ***Screening Questions*** | **Yes** | **No** |
| ***Do you reside, or have you visited a known high-risk area, and/or which has a cluster of cases in the last 14 days***? ***PLEASE NOTE:*** ALL information regarding Australian “***HOT SPOTS***” are currently listed and can be accessed on the DHHS website.  | [ ]  | [ ]  |
| Have you had recent contact with a known case in the last 14 days?Travelled anywhere from your home town in the past 14 days? | [ ]  | [ ]  |
| Have you had recent contact with a suspected COVID-19 case in the last 14 days? | [ ]  | [ ]  |
| ***Screening Questions*** | **Yes** | **No** |
| **Have you recently been tested for COVID-19?** | [ ]  | [ ]  |
| **If yes:** [ ]  Symptomatic [ ]  Asymptomatic |
| **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM/ PM |
| **Result:** [ ]  Positive [ ]  Negative |
| ***Are you currently working in the Health Care Environment*** | **Yes** | **No** |
| Due to your current position in health care you may have been in close contact with people who have had syptoms, but are negative for COVID 19, please answer honestly to the below questions. | [ ]  | [ ]  |
| ***Do YOU (or anyone that you have had close contact with) have:*** | **Yes** | **No** |
| A temperature of ≥38⁰C or history of fever e.g. chills | [ ]  | [ ]  |
| A Cough | [ ]  | [ ]  |
| A sore throat | [ ]  | [ ]  |
| Shortness of breath | [ ]  | [ ]  |
| Fatigue or tiredness | [ ]  | [ ]  |
| A running or blocked nose | [ ]  | [ ]  |
| Loss of sense of smell or taste | [ ]  | [ ]  |
| Headache | [ ]  | [ ]  |
| Vomiting | [ ]  | [ ]  |
| Muscle pains or aches | [ ]  | [ ]  |

|  |  |  |
| --- | --- | --- |
| ***Screening Questions*** | **Yes** | **No** |
| Are you currently working at your usual place of employment during clinical placement? | [ ]  | [ ]  |
| ***Please list the places you have worked in the past 14 days:*** |
|  |
| ***Screening Questions*** | **Yes** | **No** |
| Do you agree to **remain and only travel within areas THAT ARE NOT currently listed as PUBLIC EXPOSURE SITES OR HIGH RISK AREAS**  for the duration of your clinical placement? | [ ]  | [ ]  |
| ***ALL STUDENTS, please note the following:***  |  |  |
| ***This completed document is to be emailed directly to BOTH of our the EGHS Clinical Teachers AND our education department. AT LEAST 7 DAYS PRIOR to the commencement date of your student orientation.***1. ***education@eghs.net.au***
2. ***Joey Collins:*** ***joey.collins@eghs.net.au***
3. ***Amanda Cranstoun:*** ***amanda.cranstoun@eghs.net.au***
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 *Updated by: Amanda Cranstoun and Joey Collins*

 *EGHS Clinical Teacher/Registered Nurse on the 26th May 2021*