



## Questionnaire RNAC COVID-19

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1. Name of Person: I \_\_\_\_\_ Date: \_\_\_\_\_

2. Phone Number: \_\_\_\_\_

3. Do you have any current symptoms of COVID-19? (fever, coughing, sore throat, fatigue or shortness of breath)

**Yes / No**

4. Have you previously been tested for COVID-19 and returned a Negative result?

**Yes / No**

5. Have you been in contact with a Suspected or Confirmed case of COVID-19?

**Yes / No**

6. Have you been overseas or interstate in the past 14 days?

**Yes / No**

7. Have you lived or worked outside the Hunter region in the past 14 Days?

**Yes / No**

8. Do you understand and agree to social distancing practices?

**Yes / No**

9. Is there any other information you wish to provide?

**Yes / No**

10. With the exception of Q 8, If you have answered **Yes** to any of the above, please give us a call and stay at home today.

11. I confirm that I am the person named above and have filled this form out to the best of my knowledge at the time of completion

Yes / Signature: \_\_\_\_\_