

Questionnaire RNAC COVID-19

| 2. Phone Number: | 1. | Name of Person: I | Date: |
|--|-----|---|------------------------------|
| shortness of breath) Yes / No 4. Have you previously been tested for COCID-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 ca 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 | 2. | Phone Number: | |
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