

PATIENT'S INFORMATION  
(Please Stick Label)

## COVID-19 SCREENING CHECKLIST FOR PATIENT

Please tick (v) where applicable.

\*Vaccination Status : ☐ Fully Vaccinated  
☐ Partially Vaccinated  
☐ Unvaccinated

1<sup>st</sup> Dose Date : .....  
 2<sup>nd</sup> Dose Date : .....

TO BE FILLED BY REGISTERED NURSE/ MEDICAL ASSISTANT			
No	History	Yes	No
Q1	Did you have any <b>CLOSE CONTACT</b> with a COVID-19 positive individual within the last 14 days?		
	a. Household/ Housemate / Caregiver with a COVID-19 positive individual		
	b. Working / at a confined area (such as classroom, meeting & conference)		
	c. Face to face communication		
	d. In the same vehicle (eg. flight, bus) as a COVID-19 positive individual		
	e. Physical contact (such as handshake) with a COVID-19 positive individual		
Q2	Have you :		
	a. Live or work in a facility (prison / shelter / nursing home )		
	b. Have frequent contact with health care service – e.g. dialysis		
	c. Work in a high risk environment (hospital / immigration / police)		
Q3	**History of previous COVID-19 infection? Date of 1 <sup>st</sup> Positive swab: _____		

**Symptoms** ☐ No Symptoms

<input type="checkbox"/> Fever	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Headache	<input type="checkbox"/> Runny nose
<input type="checkbox"/> Cough	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Loss of appetite / poor feeding	<input type="checkbox"/> Loss sense of smell/taste
<input type="checkbox"/> Sore throat	<input type="checkbox"/> Nausea / vomiting	<input type="checkbox"/> Weakness / lethargy / fatigue	

Nurse/ Medical Assistant's Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Name : \_\_\_\_\_ Time : \_\_\_\_\_

### ALL PATIENT REQUIRING HOSPITAL ADMISSION ARE MANDATORY FOR RT-PCR SWAB

**\*Fully Vaccinated** At least 14 days after receiving the 2<sup>nd</sup> dose of a two-dose vaccine or one dose of a single-dose vaccine

**Partially Vaccinated** May have receive either 1 or 2 doses of vaccine but have not completed 14 days after receiving the 2<sup>nd</sup> dose of a two-dose vaccine or one dose of a single-dose vaccine

**Unvaccinated** Have NOT received any vaccination

**\*\*If patient had history of COVID-19 infection within the last 90 days, *DO NOT* repeat a RT-PCR. Refer to COVID-19 portal – under Old COVID-19 Infection for further information**