

Western Health  
**COVID-19 Initial Screening Tool**

PATIENT IDENTIFICATION LABEL

- Footscray Hospital       Williamstown Hospital  
 Sunshine Hospital       Sunbury Day Hospital

WHAD24.1



**MANDATORY QUESTIONS**

**Is the patient in isolation for any reason?**

- |  |   |   |
|--|---|---|
| <input type="radio"/> Confirmed COVID-19 (1)         | <input type="radio"/> Exposure to a confirmed COVID-19 case (4) | <input type="radio"/> None of these (7)       |
| <input type="radio"/> Awaiting COVID test result (2) | <input type="radio"/> Exposure to a tier 1 exposure site (5)    | <input type="radio"/> Unable to ascertain (8) |
| <input type="radio"/> Returned Traveller (3)         | <input type="radio"/> Secondary close contact (6)               | <input type="radio"/> Other (9):              |

**Guiding questions to select appropriate response for above:**

**If yes:**

- |  |  |
|--|--|
| Do you have COVID-19?  | Select (1)   |
| Are you waiting on COVID-19 swab results?  | Select (2)   |
| Have you travelled – outside of Victoria, interstate or overseas – in the last 28 days?                | Select (3) and complete returned traveller questions |
| Have you been in contact with a confirmed COVID-19 case or visited an exposure site?                   | Select (4) or (5)                                    |
| Is anyone in your household currently in isolation at home, or awaiting a test result?                 | Select (6)   |
| Have you been notified by the Department of Health or asked by your GP to self-isolate for any reason? | Describe in (9)                                      |

**Does the patient have any clinical illness compatible with COVID-19?**

- Yes       No       Unable to ascertain

**Number of COVID vaccines received**

- Zero       One       Two       Unable to ascertain

**Has the patient worked in any settings at risk of higher COVID-19 Transmission?**

- Yes (complete this section)       No (skip this section)       Unable to ascertain

**Has the patient worked in a COVID-19 Streaming area or high-risk hospital work premises?**

- Yes       No

**Has the patient worked in a quarantine facility, or other ports of entry?**

- Yes       No

**SUPPLEMENTARY RETURNED TRAVELLER QUESTIONS:**

**Only complete if answer to first question is (3)**

**Has the patient been released from a quarantine facility in the last 14 days?**

- Yes       No

**Has the patient returned from overseas in the last 14 days?**

- Yes       No

IF YES →

Location:      Last date overseas:

**Has the patient returned from an interstate area in the last 14 days?**

- Yes       No

IF YES →

State or LGA details:      Last date interstate:

Was this area an at-risk interstate area in the last 14 days?

**If Unable to ascertain, reason:**

- Patient non-communicative       Delirious and no collateral       Patient declined

**Additional comments**

**COVID-19 Rapid Antigen Test**

Date:       Positive       Negative

Signature:      Name:      Date:

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10/2021