As part of our Covid-19 screening procedures, all trial monitors are required to complete this form and return it by email to their Study Coordinator the business day before they attend any WH sites. This is to check their health status to ensure patients and staff are not put at risk of contracting COVID-19. All staff and patients entering the building are also checked daily and are subjected to the WH COVID Visitation guidelines.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Monitor:** | Enter text. | **Sponsor/Company:** | Enter text. |
| **Date of Monitor Visit:** | Enter date. | **Project Reference No:** | Enter text. |
| **Study Short Title:** | Enter text. |
| **Health Screening Questions:** | **Yes** | **No** |
| 1. Have you tested positive for COVID-19?
 |[ ] [ ]
| 1. Are you awaiting COVID-19 test results?
 |[ ] [ ]
| 1. Have you returned to Australia from overseas in the last 14 days?
 |[ ] [ ]
| 1. Have you been released from hotel quarantine in the last 7 days?
 |[ ] [ ]
| 1. Have you returned to Victoria from a DH designated red zone or orange zone within the last 14 days?
 |[ ] [ ]
| 1. Have you been identified as a primary close contact[[1]](#footnote-1) or secondary close contact of someone who has COVID-19 within the last 14 days
 |[ ] [ ]
| 1. Have you visited a DH listed case exposure or outbreak site ([here](https://www.coronavirus.vic.gov.au/exposure-sites)) within the last 14 days?
 |[ ] [ ]
| 1. Have you worked in or volunteered at a hotel quarantine site and/ or other port of entry in the last 14 days[[2]](#footnote-2)?
 |[ ] [ ]
| 1. Have you got a temperature higher than 37.5°C OR chills
 |[ ] [ ]
| 1. Have you got symptoms of a cold or a cough such as:
	1. breathing difficulties such as breathlessness
	2. cough
	3. sore throat
	4. runny nose
	5. fatigue or tiredness
	6. loss of taste or smell
 |[ ] [ ]

**MONITOR TO INDICATE RESPONSE BELOW:**

[ ]  **Monitor has answered “NO” to all questions**

If you do not have any of these symptoms today or prior to your appointment tomorrow, please come in as planned. You will also be screened at the entry point to the building with a temperature check.

If you develop any of these symptoms before you are due to come in tomorrow, do NOT come in to the hospital. Please phone your study coordinator in the morning before your appointment to discuss and reschedule your visit.

[ ]  **Monitors have answered ‘Yes’ to any questions**

Please do not attend for your monitoring appointment. If you attend with symptoms you will be referred straight to the Western Health Covid-19 screening clinic for testing and will not be allowed to remain on site.

**DECLARATION**

* The information I have provided is true and correct.
* I understand that I may need to undertake checks and screening at WH, if required.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | Enter text. | **Date:** |  |
| **Signature** |
|  |

1. For definitions of a primary close contact and secondary close contact please refer to the Department of Health COVID-19 Case and contact management guidelines for health services and GPs https://www.dhhs.vic.gov.au/health-services-and-professionals-coronavirus-covid-19 [↑](#footnote-ref-1)
2. Visitors who have worked or volunteered at a hotel quarantine site and/or other port of entry in the last 14 days must not be automatically excluded from visiting but should be escalated for further risk assessment by the relevant clinical manager or de-isolation HMO. [↑](#footnote-ref-2)