

To Our Patients,

Date:

We are required to screen anyone attending this practice. You are legally obligated to assist us with our screening. You would be liable for giving knowingly wrong or misleading information that might endanger us or other patients.

Yes No Have you...

		Are you vaccinated? Once or twice
		Are you, a family member or someone from work/school waiting for the result of a Covid test?
		Have you been told to isolate by the department of health?
		Been in a hot spot area/suburb, exposure site? (when)
		Have you or someone in your household arrived from overseas or interstate within the last 14 days? (ANY interstate travel, not limited to red or orange zones)
		Is anyone in your household sick, not limited to Covid symptoms (e.g. gastro)
		Have you been to a mass gathering (Football/protest)

I have understood all of the above and have answered to the screening process truthfully.

Name:

Signature: