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

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Monitor Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As part of our Covid-19 screening procedures, all trial monitors are required to complete this form and return it by email to their SC the business day before they attend on site. 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.

Do you have any flu or cold symptoms and specifically of the following:

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Are you awaiting a COVID19 test result? |  |  |
| Have you experience a new or change in cough, sore throat, runny nose, sneezing, fevers or shortness of breath? |  |  |
| Have you travelled overseas in the past 2 weeks? |  |  |
| Have you had contact with anyone who has been diagnosed with COVID-19 |  |  |

Indicate response below

**□ If 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.

**□ If monitors have answered ‘Yes’ to any questions**

As you have cold or flu symptoms or contact with COVID-19 persons, please do not attend for your monitoring appointment. If you attend with symptoms you will be referred straight to the Alfred Covid-19 screening clinic for testing and will not be allowed to remain on site.

Privacy and Confidentiality

The purpose of the collection of this information is to assist prompt and complete notification to the Victorian Department of Health & Human Services (DHHS) of potential contacts with COVID 19 cases as per the current guidance*:* [*Case and contact management guidelines for health services and general practitioners*](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.dhhs.vic.gov.au%2Fhealth-services-and-general-practitioners-coronavirus-disease-covid-19&data=02%7C01%7C%7C204bd572fa494b68012408d81113649e%7Ce21c8db98aa843019657077a0415bdf1%7C0%7C0%7C637278123029787394&sdata=rqWoW9yoFGu7RoWJjbS0M0is%2FA%2B7NS%2B6%2F5x1vG5CTyM%3D&reserved=0)

The screening allows for a rapid workplace risk assessment and contact tracing to be performed. If you test positive for COVID-19, from a testing facility off site, you **must** promptly notify the Trials Unit Manager. The Trials Unit Manager will refer each case to the Alfred Contact Tracing Team to follow up. The Contact Tracing Team may need to speak with you, as per the Contact Tracing guidelines.

Any information provided that can identify you will be treated as confidential and securely stored with the clinical unit Manager for the duration of the outbreak, as determined by DHHS. It will be archived alongside other Clinical Trial Master files and stored for as long as necessary for contact tracing purposes. Your information will be disclosed only with your permission, or as required by law.

By signing this form:

* I confirm that the information provided above is accurate and current.
* I consent to the collection, use and disclosure of my personal and health information as described.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$Type equation here.$