

## CHECKLIST – To be completed by a health professional

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Date

Patient name

Date of Birth

Address

Contact Phone

Name of GP

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### 1. Symptoms

- a) Have you had a fever or history of fever (**38°C** or higher)?      Yes      No      **AND**
- b) Have you had any of the following?
- Cough                      Shortness of breath                      Sore throat

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### 2. Recent travel or contact with someone with novel coronavirus

- a) Have you travelled to or from (excluding airport transit) **countries or areas of concern\*** within 14 days before onset of illness?
- Yes      No      If **YES**, please provide details

- b) Have you been in close contact\*\* with a person with confirmed infection of novel coronavirus (COVID-19) in the 14 days before the onset of illness?
- Yes      No

Date/s of contact

#### For health professionals

If **YES** to 1 and 2, manage as a suspected case of COVID-19.

\* The list of countries or areas of concern will be updated regularly – please check the Ministry of Health website daily: [health.govt.nz/covid19-countries-areas-concern](https://health.govt.nz/covid19-countries-areas-concern)

\*\* **Close contact** is defined as:

- direct contact with the case or their body fluids or their laboratory specimens, or in the same room of a health care setting when an aerosol generating procedure is undertaken on the case, without appropriate personal protective equipment (PPE)
- living in the same household or household-like setting (eg, in a hostel) as a COVID-19 patient
- a person who spent two hours or longer in the same room (such as a general practice or ED waiting room)
- those seated within two rows either side of a symptomatic case on a flight, bus or train for two hours or longer
- face-to-face contact for more than 15 minutes with the case in any other setting not listed above.

The epidemiological link may have occurred within a 14-day period before or after symptomatic illness in the case under consideration.