



COVID-19 Screening (Pre-Travel) Questionnaire

KAMS staff travelling within the Kimberley (Remote Aboriginal Communities) are required to complete this questionnaire 24 hours prior to departure of approved travel and submit to Clinical Services Team for review.

NAME:

POSITION:

Expected date of travel:

Destination:

Today's Date: _____

Questions (Please Circle):

Have you ever tested positive for COVID-19?

YES/NO

If YES - date of most recent positive test ___/___/___

Over the past 7 days, including today, have you

- been in close contact with someone confirmed to have COVID-19?

YES/NO

- experienced:

- Fevers or chills?

YES/NO

- Cough?

YES/NO

- Shortness of breath?

YES/NO

- Cold or flu symptoms?

YES/NO

- Feeling unwell in any other way?

YES/NO

Should staff answer "yes" to any of the above questions, a further assessment may be required. Cold or flu-like symptoms as listed above exclude entry from any KAMS Aboriginal communities

Have you had a COVID Vaccine?

YES/NO

- Dose 1
- Dose 2
- Dose 3
- Other doses (if required)

Covid vaccinations must be up to date before entering KAMS Aboriginal communities

Have you had a Flu Vaccine this year?

Yes

No

Influenza vaccination is highly recommended prior to entering KAMS Aboriginal communities

Declaration

I _____ declare that the above information is correct to the best of my knowledge. I am aware that if I develop any symptoms including fever/chills, cough, shortness of breath or cold/flu symptoms I will immediately self-isolate, not attend work and advise my line manager of my condition.

Email the completed form to Executive Assistant Clinical Services Team:
racheal.albert@kamsc.org.au