

# Notification of suspected COVID-19 case



**Gold Coast Hospital and Health Service**

## Details of person notifying suspected COVID-19 case

Clinic/hospital:		Doctor:	
Clinic phone:		Date of consultation:	

## Case details

Name:		DOB:	
		UR:	
Local address:		Local phone number:	

## Travel to/from (14 days prior to onset) or contact with a confirmed case (Circle as appropriate)

China   Cambodia   Hong Kong   Indonesia   Iran   Italy   Japan   Singapore   South Korea   Thailand

Other country:

Date arrived in Australia:

Mode of international transport:

**OR** Contact with a confirmed case

Details:

## Clinical (Circle as appropriate)

Onset date:

Presentation:    Fever    Cough    Pneumonia    Shortness of breath

Other:

## Tests ordered (Circle as appropriate)

Lab collecting sample:    QML    SNP    Pathology Queensland    Mater    Medlab

Resp. swabs    Y / N    Sputum    Y / N    Home isolation    Y / N    Hospitalisation    Y / N  
(throat & nasal)

Fact sheets supplied (about 1. COVID-19 and 2. self-isolation until results known)

Y / N

## Comments

**Please send this form to Gold Coast Public Health Unit**  
Carrara Health Centre, 45 Chisholm Road, Carrara, QLD, 4211

**Fax number:**