

## RISK ASSESSMENT QUESTIONS CORONAVIRUS (COVID-19):

### Have you or a close family member

1. ever tested positive for COVID-19 or are you awaiting the results of a COVID-19 Test ?
2. ever been cared for on a COVID positive ward?
3. recently travelled internationally in the last 14 days?
4. been in contact with any symptomatic friends / family of a close contact /or a confirmed case of CORONAVIRUS (COVID-19)?
5. displayed flu-like symptoms (including at least one of the following: fever, cough, shortness of breath, difficulty in breathing, runny nose , sore throat , loss of smell or taste ?
6. displayed Acute Respiratory Infection of any degree of severity including fever  $> 37.5^{\circ} \text{C}$
7. had a Fever  $> 37.5^{\circ} \text{C}$  of unknown cause with no symptoms
8. socialised in a large group in the last 14 days for example: a gathering of over 100 people
9. Are you or any of your immediate family employed in a healthcare facility or do you have any Health care worker's in the home from the community?
10. Are you in contact with any employees working in a Nursing Home or in the Meat Industry?