REPORTING COVID-19 CASE:

Positive RAT test

QAIHC
Queensland Aboriginal and Islander Health Council

CASE Name:	
DOB:	**Sex:** ❑ Female ❑ Male ❑ Other
Indigenous Status: ❑ Aboriginal ❑ Torres Strait Islander ❑ Aboriginal and Torres Strait Islander ❑ Neither	
Usual address:	
Phone:	**Email:**
Occupation:	
Vaccination status: ❑ Unvaccinated ❑ One dose ❑ Two doses ❑ Booster dose	
Date of positive RAT:	
Do you have any COVID-19 symptoms? ❑ Yes ❑ No	**Date of first symptoms:**
Are you pregnant? ❑ Yes ❑ No If yes, how many weeks?	
Do you know where/from whom you may have contracted COVID-19? Please provide details:	

Household close contacts for two days prior to being unwell or the positive test (names, age, phone); defined by vaccination status, exposure to case and defined exposure site

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Quarantine/isolation location:	
Infectious Period:	**Time in community:**
Has the person been at a high-risk setting whilst infectious?	❑ Healthcare facility ❑ Aged or residential care facility ❑ Disability housing or group home ❑ Childcare facility ❑ Educational/boarding facility ❑ Correctional facility/detention

HIGHER RISK CHARACTERISTICS

Age >50	❑ Yes	❑ No	Kidney disease	❑ Yes	❑ No
Heart disease	❑ Yes	❑ No	Organ transplant	❑ Yes	❑ No
Diabetes	❑ Yes	❑ No	Recent stroke	❑ Yes	❑ No
Lung disease	❑ Yes	❑ No	Obesity	❑ Yes	❑ No
Cancer	❑ Yes	❑ No	Weakened immune system	❑ Yes	❑ No
Taking prednisolone, methotrexate, hydroxychloroquine or any medication that they regularly receive through a drip				❑ Yes	❑ No

SOCIAL HISTORY: Are they safe at home? ❑ Yes ❑ No	**Is their mental health OK?** ❑ Yes ❑ No

Please email to your local HHS Public Health Unit once completed