C			DOD:	Old Natio	antina ID.	
Case name:	First name	Surname	DOB:	Qld Notific	cation ID:	
	MERS Co	MERS CoV Screening Tool		PHU USE ONLY AUS Notification ID):	
AUDAX AT HIDELIS		Public Health Unit Date sent to NOCS:/ □ New □Upda				
Queensland Government	Completed by: Date notified: Time: am/pm					
Notifier:			Organis	ation:		
Telephone:		Fax:	Email:			
Treating Dr:		Telephone/Fa	x:	Email:		
CASE DETA	ILS:					
Name:	First name	Surname	Name of parent/o	Carer: First name	Surname	
Date of birth	:/	Age:Years	Months Sex: □	Male 🗆 Female		
☐ Aborigina	I ☐ Torres Strait Isl	ander Aboriginal & To	orres Strait Islander	☐ Non-Indigenous	☐ Unknown	
Interpreter r	equired: ☐ Yes – <i>langu</i>	age	□ No Ethnic	city – <i>specify</i>		
Nationality:	Resid	lency: □ Aus resident □ no	on Aus resident	Patient's country of reside	ence:	
Address:				Postcode:		
Home tel:		Mob:	Email:			
Occupation (eg; Healthcare/laborato	γ):				
TRAVEL AN	D CONTACT DETAILS					
		L4 days to the Arabian Penins \square No \square Unknown	sula (Saudi Arabia, (Qatar, Jordan or United Ar	ab Emirates, Kuwait,	
(*Refer Dise	ase Outbreak News <u>http</u>	://www.who.int/csr/disease/dis	coronavirus infectio	ns/en/) If yes, which co	untries?	
Country	/region* visited	Arrival date & time	Carrier & flt I	Departure date &time	Carrier & flt number	
1		//				
2						
Did patient h	nave contact with someo	ne else who travelled to the	Arabian Peninsula ir	n the 14 days prior to illnes	ss onset or with MERS?	
□ Yes □	No Unknown	which countries?				
If yes, what	type of contact? ☐ Hou	sehold/intimate Trave	l □ Healthcar	e □ Other –Speci	fy	
CLINICAL	DETAILS Onset firs	t symptoms:/	Time:	am/pm First symptor	m:	
Symptoms :		ny nose	_	☐ Sore throat ☐ Sho		
Patient hosp	italised for this illness?	☐ Yes ☐ No ☐ Unknown	Admission Date:	/		
If Yes, hospi	tal name & city:			UR No:		
LABORATO	RY DETAILS					
Lab tests pe	rformed on patient for re	spiratory viruses/bacteria?	☐ Yes ☐ No	☐ Unknown Lab Nam	ne:	
□ PCR – up	per respiratory specimen	: date:	://	. □ Positive □ Negative	e □ Pending □ Not done	
□ PCR – lov	ver respiratory specimen	: date	://	. □ Positive □ Negative	\square Pending \square Not done	
☐ Isolation	of CoV by culture: specif	y specimenda	ate:/	□ Positive □ Negative	☐ Pending ☐ Not done	
[Upper respi	ratory specimen: nasop	haryngeal swab or aspirate, o	or oropharyngeal sw	vab.		

Is a specimen being sent to lab for testing? $\ \square$ Yes

☐ Chest X ray:

 \square Other –specify:

Lower respiratory incl. bronchoalveolar lavage, sputum and tracheal aspirate]

date:/....... \square Abnormal

date:/....... $\hfill\Box$ Abnormal

 \square No

 \square Normal

□ Normal

 \square Pending

☐ Pending

If Yes, Lab name & ID#:

☐ Not done

☐ Not done