



# MELBOURNE LUNG & SLEEP SPECIALISTS

All Patients undertaking lung function testing at Melbourne Lung and Sleep Specialists  
MUST complete the details below to protect our patients and staff during the pandemic.  
Thank you.

First and Last Name: \_\_\_\_\_

Are you experiencing any of the following symptoms? Over and above your usual issue/s;

- Fever  Loss of smell or taste  
 Cough  Sore throat  
 Breathing difficulties or wheezing  Headache  **NO**

Have you been tested for COVID-19 and are awaiting results?

- Yes  No

Have you been in contact with a confirmed COVID-19 positive person?

- Yes  No

Have you been in close contact with someone who has travelled overseas or awaiting a COVID-19 test result or is currently under self-isolation?

- Yes  No

Have you been contacted by the Dept of Health and Human Services and told that you have been in contact with a confirmed case or been told to self-isolate for any reason?

- Yes  No

In the last 14 days have you been to a COVID-19 hotspot, exposure site or a positive person?

- Yes  No

Have you worked or volunteered at a hotel quarantine site and or port of entry in the last 14 days?

- Yes  No

I believe the above to be true and correct at the time of completion.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_