COVID-19 Patient Risk Assessment Form

COVID-19 Patient Risk Assessment Form NAME:				
Category	Travel history	Occupation	Contact history	Cluster
Question	What is your travel history within the last 14 days?	What is your occupation?	what is your recent contact history, and what places have you been to?	Have you been in large crowds (in clusters) in the past month?
	☐I have been overseas (Countries visited:	Healthcare worker	Have been to hospitals, clinics for treatment	Living with your family
		(e.g., medical/non-medical personnel, including outsourced worker, intern, and healthcare volunteer, etc.)	Have been in contact with friends	Your family members are currently Undergoing isolation at home
		☐Transportation industry (e.g., taxi driver, coach driver, etc.)	☐ Have been to airports, tourist attractions, and other places frequently visited by foreigners	Undergoing quarantine at home
Evaluation Item		☐Tourism industry (e.g., tour guide)	☐ Have participated in the public gatherings	☐Managing their own health (until date: month/date)
		☐Hotel industry (e.g., housekeeper, receptionist)	religious/political/academic/cultural events	Family members also have a fever or respiratory symptoms
		Airline industry (e.g., aircrew, etc.)	Have attended school opening ceremonies/Commencements, weddings, funerals, and sports events, etc.	Friends also have a fever or respiratory symptoms
NTU 國立臺灣 z	CANCER CENTER 大學醫學院 癌醫中心醫院	Others:	Have been in contact with wild animals and avians	☐Colleagues also have a fever or respiratory symptoms
			Others:	