Parkway Hospitals Singapore Pte Ltd

HEALTH DECLARATION (TRIAGE) FORM

☐ **GEH** ☐ **MEH** ☐ **MNH** ☐ **PEH** ☐ **Others:** _____

Name: _____ NRIC /PP No:_____

(A) COVID-19; (B) MERS CoV; and (C) Ebola Virus Disease (EVD)

1	Do you have any of the following?		
a	Fever	☐ Yes	☐ No
b	Cough or sore throat or breathing difficulty	☐ Yes	☐ No
c	Diarrhea or vomiting or bleeding	☐ Yes	☐ No
(A) COVID-19; 1a and/or 1b AND one or more of the following exposures:			
2	Travel to or residence in **affected areas**^ within the 14 days before onset of illness? ***Affected areas^****: (1) Mainland China, (2) Republic of Korea, (3) Japan, (4) Iran and (5) Northern Italy [Aosta Valley, Piedmont, Liguria, Lombardy, Emilia-Romagna, Veneto, Friuli-Venezia Giulia, Trentino-Alto Adige/Sudtirol, Milan & Venice]* ***^****Refer to MOH's website at https://www.moh.gov.sg/hpp/all-healthcare-professionals for updated affected areas or countries* If "Yes", please specify country and city: _____ Last date in reported country: _____	☐ Yes	☐ No
3	Been in close contact with a case of COVID-19 infection within 14 days before onset of illness?	☐ Yes	☐ No
4	Been to a hospital in **affected areas**^ within 14 days before onset of illness?	☐ Yes	☐ No
(B) MERS CoV; 1a and/or 1b AND one or more of the following exposures:			
5	Been in contact with camels in the last 14 days?	☐ Yes	☐ No
6	Been in contact with a person who is a confirmed case of MERS-CoV in the last 14 days?	☐ Yes	☐ No
7	Been in any of the following MERS-CoV reported countries* in the last 14 days prior to the onset of symptoms? **Middle East countries - Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, United Arab Emirates and Yemen* If "Yes", please specify country and city: _____ Last date in reported country: _____	☐ Yes	☐ No
8	Been in a healthcare facility in the Middle East countries in the last 14 days?	☐ Yes	☐ No
(C) EVD; 1a and/or 1c AND one or more of the following exposures:			
9	Been in areas with reported Ebola Virus Disease (EVD) activity within the past 21 days? ***North Kivu and Ituri Province in the Democratic Republic of Congo (DRC)* ***Refer to WHO's website at https://www.who.int/ebola/en/ for updated affected areas or countries* If "Yes", please specify country and city: _____ Last date in reported country: _____	☐ Yes	☐ No
10	Been in contact with a person who is a confirmed or suspected case of EVD in the last 21 days?	☐ Yes	☐ No

Signature of Patient/Next-of-kin: _____ Name of Next-of-kin: _____

Name & Signature of Triage Nurse/Staff: _____ Date/Time: _____

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