

COVID-19 HEALTH ASSESSMENT QUESTIONNAIRE

The University is committed to achieving a safe and healthy workplace and has a duty of care to protect Workers (which includes staff and students) including those who have one or more known risk factors which place them at higher risk during this COVID-19 Pandemic.

This form when completed is to be returned to the University of Newcastle Health Service where it will be treated as Medical-in-Confidence in accordance with the Privacy and Personal Information Protection Act NSW 1998 and the University's Privacy Management Plan. The information on this form will be kept strictly confidential and is used to aid risk assessment. The form will remain the property of the University of Newcastle Health Service.

Based on the completed Health Questionnaire the Associate Director, Student Wellbeing will assess your COVID-19 risk profile in relation to known risk factors and if required recommend reasonable adjustments during the COVID-19 Pandemic Period. You may also be requested to attend an additional health assessment in order that information pertaining to your health and wellbeing may be determined.

INSTRUCTIONS FOR COMPLETING THIS FORM

The **supervisor must complete Part A** and the **student should complete Part B**.

PART A. COURSE DETAILS

Course Name

First Year Second Year Third Year

Division/Faculty

Part-time Full-Time

Organisational Unit/School

Course Coordinator's Name

Phone Number

Email Address

PART B. STUDENT DETAILS (to be completed by student)

Name

Date of Birth

Contact Email Address

Contact Phone Number

RISK FACTORS AND MEDICAL CONDITIONS

Medical-in-Confidence

Information collected on this form will only be used for legitimate University purposes and we request this information in order to discharge our duty of care. For further details on this form or to request an update to or correction of your information, please contact the University Health and Safety Team via email to healthassessments@newcastle.edu.au. The University undertakes to manage your personal information in accordance with the Privacy and Personal Information Protection Act NSW 1998 and the University's [Privacy Management Plan](#).

Do you have or have you had any of the following medical conditions or risk factors?

- Over the age of 65**
- Immuno-suppressed due to medication or medical condition**
- Chronic Respiratory Disease**
- Cardiovascular Disease**
- Diabetes**
- Cancer**
- Hypertension**
- Indigenous Australian**
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- Are you Pregnant?**

DECLARATION

I declare that the above information is, to my knowledge, a true and accurate record of my present health and risk status.

Signature

Date

Instructions for returning your completed questionnaire:

1. To ensure confidentiality, this form must be scanned and emailed to the Health Service via healthassessments@newcastle.edu.au or placed in a sealed envelope and forwarded to:

Dr Brookman
Associate Director, Student Wellbeing
University Health Services
University of Newcastle
University Drive
Callaghan NSW 2308

Medical-in-Confidence

Information collected on this form will only be used for legitimate University purposes and we request this information in order to discharge our duty of care. For further details on this form or to request an update to or correction of your information, please contact the University Health and Safety Team via email to healthassessments@newcastle.edu.au. The University undertakes to manage your personal information in accordance with the Privacy and Personal Information Protection Act NSW 1998 and the University's [Privacy Management Plan](#).