

COVID-19 Patient Risk Assessment Form

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?
Evaluation Item	<input type="checkbox"/> I have been overseas (Countries visited:)	<input type="checkbox"/> Healthcare worker (e.g., medical/non-medical personnel, including outsourced worker, intern, and healthcare volunteer, etc.)	<input type="checkbox"/> Have been to hospitals, clinics for treatment	<input type="checkbox"/> Living with your family
		<input type="checkbox"/> Transportation industry (e.g., taxi driver, coach driver, etc.)	<input type="checkbox"/> Have been in contact with friends, relatives/family who had travelled abroad, and now have a fever/respiratory symptoms	<input type="checkbox"/> Your family members are currently <input type="checkbox"/> Undergoing isolation at home
		<input type="checkbox"/> Tourism industry (e.g., tour guide)	<input type="checkbox"/> Have been to airports, tourist attractions, and other places frequently visited by foreigners	<input type="checkbox"/> Undergoing quarantine at home
		<input type="checkbox"/> Hotel industry (e.g., housekeeper, receptionist)	<input type="checkbox"/> Have participated in the public gatherings	<input type="checkbox"/> Managing their own health (until date: month/date)
		<input type="checkbox"/> Airline industry (e.g., aircrew, etc.)	<input type="checkbox"/> Have attended religious/political/academic/cultural events	<input type="checkbox"/> Family members also have a fever or respiratory symptoms
		<input type="checkbox"/> Others:	<input type="checkbox"/> Have attended school opening ceremonies/Commencements, weddings, funerals, and sports events, etc.	<input type="checkbox"/> Friends also have a fever or respiratory symptoms
			<input type="checkbox"/> Have been in contact with wild animals and avians	<input type="checkbox"/> Colleagues also have a fever or respiratory symptoms
			<input type="checkbox"/> Others:	