

## Western Diagnostic Pathology (WDP)

### COVID-19 RISK ASSESSMENT VULNERABLE WORKERS SELF-DISCLOSED RISK FACTORS FORM: Private & Confidential

Please print neatly in CAPITAL LETTERS										E	X	A	M	P	L	E	1	2	3	
Surname																				
First name																				
Date of Birth			/			/				Mobile										

**INSTRUCTIONS:**

**STEP 1:** Complete the following, all questions MUST be answered and the form signed and dated;

**STEP 2:**  ONE box ONLY;

	CONSIDERATION:	NO	YES	ADDITIONAL INFORMATION
<b>1</b>	70 years of age and older	<input type="checkbox"/>	<input type="checkbox"/>	
<b>2</b>	65 years and older with chronic medical conditions.	<input type="checkbox"/>	<input type="checkbox"/>	Conditions included in the definition of 'chronic medical conditions'.  The most current list can be accessed on the <a href="https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/advice-for-people-at-risk-of-coronavirus-covid-19">Department of Health</a> . <a href="https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/advice-for-people-at-risk-of-coronavirus-covid-19">https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/advice-for-people-at-risk-of-coronavirus-covid-19</a>
<b>3</b>	Aboriginal and Torres Strait Islander people 50 years and older with one or more chronic medical conditions	<input type="checkbox"/>	<input type="checkbox"/>	
<b>4</b>	Any age with impaired/compromised immune system	<input type="checkbox"/>	<input type="checkbox"/>	Conditions included in the definition of 'impaired/compromised conditions'.  The most current list can be accessed on the Department of Health. <a href="https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/advice-for-people-at-risk-of-coronavirus-covid-19">https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/advice-for-people-at-risk-of-coronavirus-covid-19</a>
<b>6</b>	Morbid obesity BMI>40	<input type="checkbox"/>	<input type="checkbox"/>	

**I declare that the information I have provided is correct**

Signature

Date

**Disclaimer:** This document has been developed for WDP use and has been specifically designed for WDP circumstances

FRM-BHC-045  
REVISION 2