



## Novel Coronavirus Health Provider Report

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This Health Provider Report will be shared with the Geelong Grammar School Health Care Team.

COVID-19 Treatment - School support information for:

**Name of student:** \_\_\_\_\_

**Date of birth of student:** \_\_\_\_\_

Diagnosis: suspected exposure to Novel coronavirus (2019-nCoV)

### 1. Medical management-

What has occurred, symptoms?

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What tests were required?

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Was Novel Coronavirus detected?

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What treatment was required?

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What date did the student return to Australia from China?

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Did the Department of Health and Human Services need to be notified?

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Any special requirements?

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Is further medical review required on return to GGS?

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If so, what type and what frequency?

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### 2. Any other comments

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**Signed:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Date:** \_\_\_\_\_