

## ENotification Instructions for Practices wishing to test their own staff (asymptomatic surveillance)

Practices wishing to test their own staff MUST write “**staff**” in the “Primary Care Details” box of the eNotification form - see example below. Note, no funding is available for this activity.

**Auckland Regional Public Health Notification Referral for Notification**

Form has been auto-saved.

Previously Referred

ACC

Urgent

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**Auckland Regional Public Health Notification**

Reason for referral\*

Please review [Auckland Regional HealthPathways COVID-19](#) for reference

Assessment /testing date\*

Dedicated CBAC/Testing centre\*  Yes  No

Assessment type\*

Virtual Clinic (Non-contact telephone or video)

Simple (Visual check, basic obs and swab if indicated)

Full (full clinical examination by GP or NP including chest exam)

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**Patient Details**

Mobile Number\*  Available  Not Available

Mobile phone number\*

(Will be used to send the patient a text in the event the result is negative, and to contact the patient by ARPHS in the event the result is positive. )

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**Triage**

**Clinical History**

Presenting Symptoms

Symptomatic\*  Yes  No

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**Contact History**

Positive travel history\*  Yes  No  Unknown

(Have you travelled overseas or had contact with a person who has travelled overseas past 14 days?)

Positive contact history\*  Yes  No  Unknown

(Have you had contact with a confirmed or probable COVID case in the last 14 days?)

Healthcare worker?\*  Yes  No  Unknown

(Do you work as a healthcare worker or do you work in a healthcare facility including aged residential care)

Role performed\*

Place of work \*

DHB Employee

Aged residential care

Primary care

CBAC/testing centre

Other

Primary care details\*

Essential worker?  Yes  No

(Are you currently working as one of the essential services, eg supermarket, prisons, fire, rescue services?)

High risk residence?\*  Yes  No  Unknown

(Do you reside in a communal environment eg aged residential care, prisons, large extended family, university hall of residence, hostel or shelter?)

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**Management**

Swab taken?\*  Yes  No

Date swab taken\*

Referred to hospital  Yes  No

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Referral Details