**Instruction:** Shared Living (SIL) staff must undertake these brief client’ observations during each morning shift to identify whether there are any changes in the client’s health presentation which are **out of character for the client** and could be attributed to COVID-19 or another health matter.

**Where the client presents:**

1. as they usually do, ***tick Yes*** and initial – ***no further check is necessary***
2. ***with any of the below signs or symptoms*** that are not part of their usual presentation, *seek medical assessment immediately e.g. via GP review.*

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| **Client Name:**  |  | **Note:** *Where a client has trouble breathing, call 000 for an ambulance immediately.* |
| **Note any differences to the Client’s usual presentation / health condition** |
| **Date** | **Initials** | “Usual Presentation” | Shortness of Breath | Hot / Flushed / Clammy | New Cough | New Runny Nose | Loss of Taste / Smell | Unusual Headache | Onset of Nausea |
|  |  | Yes | No🡺 |  |  |  |  |  |  |  |
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| **Date** | **Initials** | “Usual Presentation” | Shortness of breath | Hot / flushed / clammy | New Cough | New Runny Nose | Loss of appetite / taste/smell | Unusual Headache | Onset of Nausea |
|  |  | Yes | No🡺 |  |  |  |  |  |  |  |
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**For clients whose information is recorded in CIRTS, please upload completed sheet as follows:** Progress Notes > Add New Progress Note> Subject Category > Health and Wellbeing > Subject Client Daily Wellness Check – COVID-19 > Contact made with > Client. Add New Attachment: [Date sheet began to date sheet ended]

**For clients in VDAS, please place completed sheet on client’s progress notes/record.**