**PATIENT QUESTION AREA 1 – CAR PARK**

Do you have any of the following symptoms?

1. Fever or chills
2. Cough
3. Sore Throat
4. Aching muscles
5. Headache

If “yes” to 1 or more symptoms send to CBAC

If “no” send home, or refer to GP or Afterhours service

**IF IN DOUBT SEND IN FOR ASSESSMENT**