



COVID-19 CASE REPORT
Australian and New Zealand Association of Paediatric Surgeons Inc.

SURGEON NAME: _____

HOSPITAL: _____

ID NUMBER or MEDICAL RECORD NUMBER of PATIENT: _____

CASE: _____

TESTING: (please circle)

- a) Positive for COVID-19
- b) Suspected only

OUTCOME: (please circle)

- a) No problems
- b) Issues (please complete below if issues)

POSSIBLE ISSUES (please circle)

- a) Airway issues
- b) Lack of PPE
- c) Operation not conducted as would normally (eg open appendicectomy instead of lap)
- d) Adverse outcome for patient

SIGNATURE: _____ DATE: _____

***Once completed, please submit to Rachael Morgan, Executive Officer for ANZAPS via email
College.Aanzaps@surgeons.org or Rachael.Morgan@surgeons.org thank you.***