

COVID-19 SCREENING AND CONSENT

FULL NAME				
FULL ADDRESS				
POST CODE				
DATE OF BIRTH				
EMAIL ADDRESS				
MOBILE NUMBER				
CURRENT SITUATION				
Have you had a Covid-19 test in the previous 14 days? Antigen or antibody test? (Antigen – tests for Covid-19 on day of testing. Antibody – possible immunity)	YES		NO	
Date:				
If it was a positive result, has the isolation period expired?	YES		NO	
Do you still have symptoms?	YES		NO	
Have you been in contact with anyone with Covid-19 symptoms or been living in a household with someone who is self-isolating due to covid-19 symptoms?	YES		NO	
Have you arrived in the UK from abroad in the last 14 days?	YES		NO	
If yes, please self-isolate for 14 days or seek a Covid test				
SYMPTOMS - Are you experiencing any of the following?				
Do you have a new or persistent cough?	YES		NO	
Do you have a fever? (above 37.8°C)	YES		NO	
Have you lost or are experiencing a reduced sense of taste or smell?	YES		NO	
If yes, please self-isolate for 14 days or seek a Covid test				
CURRENT HEALTH ISSUES (Extra precautions may be required)				
Recently been hospitalised?	YES		NO	
If so, why:				
High blood pressure or any other heart condition?	YES		NO	
Diabetes Type 1 or 2 – if so, which?	YES		NO	

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Cancer – currently receiving treatment?	YES		NO	
Respiratory condition?	YES		NO	
Organ transplant in the last 6 months	YES		NO	
Suppressed immune system and susceptible to infections	YES		NO	
Brain/nervous system conditions	YES		NO	
Heart disease, diabetes, chronic kidney disease or liver disease	YES		NO	
Bone marrow or stem cell transplant in the last 6 months	YES		NO	
Pregnant and with a heart condition – how many weeks?	YES		NO	
Aged over 70?	YES		NO	
PREVIOUSLY CONTRACTED CORONAVIRUS (treatment may not be possible at this stage)				
Are you experiencing post Covid-19 circulatory complications (deep vein thrombosis, micro-embolisms, stroke symptoms or pulmonary embolism)	YES		NO	
EXPOSURE TO COVID-19? (Extra precautions with PPE may be required)				
An NHS front line worker	YES		NO	
A carer – home or care home	YES		NO	
Shielding a vulnerable adult	YES		NO	
Are you?				
Are you allergic to latex gloves or specific cleaning products	YES		NO	
SIGNED				
<p>I solemnly and sincerely declare that the information I have provided is true and correct and I make this solemn declaration conscientiously believing the same to be true. If any person should suffer as a result of the information being found to be untrue and false, then I am aware I can be prosecuted for making a false declaration.</p> <p>If either I, or someone I have been in contact with tests positive for Covid-19 or I have been contacted by NHS Test & Trace I will inform you.</p> <p>Full name:</p> <p>Date:</p>				