

COVID-19 SCREENING AND CONSENT

FULL NAME						
FULL ADDRESS						
POST CODE						
DATE OF BIRTH						
EMAIL ADDRESS						
MOBILE NUMBER						
TESTING						
Have you had a Covid-19 test? If yes, when? Antigen or antibody test?				NO		
Antigen – tests for Covid-19 on day of testing. Antibody – possible immunity		Date:				
If it was a positive result, has the isolation period expired?		YES		NO		
Do you still have symptoms?		YES		NO		
Are you registered with the a Test & Trace app?		YES		NO		
SYMPTOMS - Are you experience	ing any of the following?	•				
Severe breathing difficulties or chest pain		YES		NO		
Difficulty in waking or confusion		YES		NO		
If yes to any of the above call 99	9	•				
Fever				NO		
Onset, or worsening of a cough		YES		NO		
Sore throat or runny nose				NO		
Chills or headache				NO		
Pain swallowing				NO]
Muscle & joint ache				NO		
Fatigue or exhaustion				NO		
Loss of taste or smell				NO		
If any of the above, the advice is	to self-isolate for 7 days. A Covid-19 t	est may	be neces	sary, ca	all 119	
Shortness of breath or difficulty lying down due to chest issues				NO		
If any of the above, call 111				·		
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Have you been in contact with anyone with Covid-19 symptoms?	YES			NO				
Have you recently been hospitalised?	YES			NO				
If so, why:	<u>I</u>							
Do you have any of the following health issues								
High blood pressure or other heart condition	YES			NO				
Diabetes Type 1 or 2 – if so, which?	YES			NO				
Cancer	YES			NO				
Lung condition	YES			NO				
Any other conditions – please list:	l							
If you have had Covid-19:								
Are you experiencing post Covid-19 circulatory complications (deep vein thrombosis, micro-embolisms, stroke symptoms or pulmonary embolism)	YES			NO				
Are you?								
An NHS front line worker	YES			NO				
A carer – home or care home	YES			NO				
Shielding a vulnerable adult	YES			NO				
Pregnant – how many weeks?	YES			NO				
Aged over 70	YES			NO				
Allergic to latex gloves or specific cleaning products	YES			NO				
SIGNED	l							
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.								
If either I or someone I have been in contact with tests positive for Covid-19 or have been contacted by NHS Test & Trace I will inform you.								
Full name:								
Date:								