

CONSULTATION & CONSENT DOCUMENT SPECIFIC COVID-19 SCREENING

FULL NAME			
FULL ADDRESS			
POST CODE			
EMAIL ADDRESS			
MOBILE NUMBER			
TESTING			
1, Have you had a Covid-19 test?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
2, If positive, did you self-isolate?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
2 (a) If positive, have you been screened for blood-clots ?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
2 (b) If yes for blood-clots , has your GP agreed to this message?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
3, If tested, what was the date you tested negative?			
4, Do you still have symptoms?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
5, Are you registered on the NHS Track & Trace app?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
SYMPTOMS - Are you experiencing any of the following?			
6, Severe breathing difficulties or chest pain?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
7, Difficulty in waking or confusion?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
If yes to any of the above call 999			
8, Fever? (Temperature above 37.8 degrees Celsius)	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
9, Previous symptoms getting worse? e.g. cough	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
10, Sore throat or runny nose?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
If any of the above, the advice is to self-isolate for 7 days			
11, Chills or headache?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
12, Painful swallowing?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
13, Muscle & joint ache?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
14, Fatigue or exhaustion?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
15, Loss of taste or smell?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
If any of the above, the advice is to self-isolate for 7 days.			
Then taking a test will be necessary. Call 119			
16, Shortness of breath or difficulty lying down due to chest issues?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
If any of the above, contact your GP or call 111			

17, Have you been in contact with anyone with Covid-19 symptoms?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
18, Have you had or are you now experiencing Covid-10 symptoms?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
19, Are you taking your temperature regularly?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
20, If so, what is the latest reading?.....		
21, Have you recently been hospitalised?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
22, If so, why? – please describe:		
Do you have any of the following health issues		
23, High blood pressure or other heart condition?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
24, Diabetes Type 1 or 2 – if so, which?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
25, Cancer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
26, Lung condition?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
27, Any other conditions – please list:		
Are you?		
28, An NHS front line worker?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
29, A carer – home or care home?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
30, Shielding a vulnerable adult?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
31, Pregnant – how many weeks?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
32, Aged Over 70 – - will you have a companion with you?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
33, Allergic to latex gloves?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
34, Allergic to cleaning products?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
35, If yes please specify		
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 have been contacted by NHS Track & Trace I will inform you.</p> <p>I consent for you to inform NHS Track & Trace if so required.</p> <p>Full name: Signed</p> <p>Date:</p>		

