**CONSULTATION & CONSENT DOCUMENT – SPECIFIC COVID-19 SCREENING**

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| **FULL NAME** |  |
| **FULL ADDRESS** |  |
| **POST CODE** |  |
| **EMAIL ADDRESS** |  |
| **MOBILE NUMBER** |  |
|  |
| **TESTING** |
| Have you had a Covid-19 test | YES  | NO  |
| Did you self-isolate | YES  | NO |
| What was the date you tested negative |  |
| Do you still have symptoms | YES  | NO  |
| Are you registered on the NHS Track & Trace app | YES  | NO |
| **SYMPTOMS -** Are you experiencing 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 999** |
| Fever | YES  | NO  |
| Previous symptoms getting worse: cough | YES  | NO |
| Sore throat or runny nose | YES  | NO |
| **If any of the above, the advice is to self-isolate for 7 days** |
| Chills or headache | YES  | NO |
| Painful swallowing | YES  | NO  |
| Muscle & joint ache | YES  | NO |
| Fatigue or exhaustion | YES  | NO  |
| Loss of taste or smell | YES  | NO |
| **If any of the above, the advice is to self-isolate for 7 days. Then taking a test will be necessary. Call 119** |
| Shortness of breath or difficulty lying down due to chest issues | YES  | NO |
| **If any of the above, contact your GP or call 111** |
| Have you been in contact with anyone with Covid-19 symptoms? | YES  | NO |
| Have you had or are you now experiencing Covid-10 symptoms? | YES  | NO  |
| Are you taking your temperature regularly? If so, what is the latest? | YES  | NO  |
| Have you recently been hospitalised? | YES  | NO  |
| If so, why – please describe:  |
| **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:  |
| **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  |
| Over 70 – will you have a companion with you? | YES  | NO |
| Allergic to latex gloves | YES  | NO  |
| Allergic to cleaning products – if yes please specify | YES  | NO |
| **SIGNED** 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 Track & Trace I will inform you.I consent for you to inform NHS Track & Trace if so required. Full name: ………………………………………………Date: ……………………………… |