Belper Life-Fitness Physio

COVID-19 Infection Risk Screening Questionnaire

Name:…………………………………..Dob:…………………………Date:…………..

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | YES | NO |
| 1. | Currently, or in the last 7 days, has the patient (have you) experienced any of the following symptoms: |  |  |
| a | Fever (temperature higher than 37.8°C) |  |  |
| b | New or worsening persistent cough |  |  |
| c | New or worsening shortness of breath or difficulty breathing |  |  |
| d | New loss of the sense of taste and/or smell (anosmia) |  |  |
| e | New or worsening chills, body aches, headaches and/or sore throat |  |  |
| f | Gastrointestinal upset (diarrhoea and/or vomiting) |  |  |
| 2. | Is the patient (are you) currently self-isolating? |  |  |
| 3. | In the past 14 days, has the patient (have you): |  |  |
| a. | Been in close, unprotected contact with a confirmed or probable case of coronavirus infection? |  |  |
| b. | Travelled to, or returned from, a country outside of the United Kingdom? |  |  |
| 4. | In the past 14 days, has anyone in their (your) household: |  |  |
| a | Been in close, unprotected contact with a confirmed or probable case of coronavirus infection? |  |  |
| b. | Travelled to, or returned from, a country outside of the United Kingdom? |  |  |
| 5. | Has the patient (have you) been identified as high risk from coronavirus (clinically extremely vulnerable)? |  |  |
| 6. | Has anyone in the patient's (your) household been identified as high risk from coronavirus (clinically extremely vulnerable)? |  |  |
| 7. | Has the patient (have you) been identified as moderate risk from coronavirus (clinically vulnerable)? |  |  |
| OUTCOME: | |  | |

