

# Follow up appointment Covid-19 screening questionnaire

SHORT PRE-ATTENDANCE SCREENING FORM FOR FOLLOW UPS

**1) Are you currently experiencing any symptoms you believe could be Covid-19 related?**

*\* This question will be required*

Yes  No

**2) Have tested positive for Covid-19 in the last 5 days?**

*\* This question will be required*

Yes  No

**3) Have you had close contact with anyone who has been diagnosed with Covid-19?**

*\* This question will be required*

Yes  No

**4) Do you have any underlying medical conditions/ taking any medication that affects your immune system?**

*\* This question will be required*

Yes  No

**If you answered YES to any of the above, please give further details (this form is confidential)**

## CONSENT

**I understand the risks of attending a face-to-face appointment?**

*\* This question will be required*

Yes  No

## SIGNATURE

Please sign inside the box