



# Copy of Covid 19 Health Questionnaire

Please take time to read this carefully and if there is anything you are unsure about please ask.

## 1. Symptoms

Have you had any of the following?

- Cough
- Shortness of breath
- Sore throat
- Loss of sense of smell or taste
- Fever (38°C or above)

## 2. Recent travel or contact with someone with Covid 19

- Have you travelled internationally within the last 14 days?
- Have you been in contact with a person who has travelled within 14 days?
- Have you been in contact with a person who is a confirmed or probable case of Covid 19?

Also the record of appointments may be accessed and your name and contact details forwarded to M.O.H, if there is a need for contact tracing. This would not include any other details such as treatments or health status.

If none of the above apply, and you consent to contact tracing, please sign and we can go ahead with your Consultation/Treatment.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_