

Patient label/Details	
Name	MRN Number

**INFECTION/RESPIRATORY OUTPATIENT SCREENING QUESTIONS**

**IF THE PATIENT ANSWERS YES TO ANY QUESTION, GIVE CAREFUL CONSIDERATION TO PATIENT PLACEMENT**

		Patient		Person accompanying	
<b>Vaccinations</b>	Are you Fully vaccinated (i.e. ≥ 2 doses)	Yes/ No			
<b>Contact/ Exposure Risk</b>	Have you had a confirmed COVID-19 infection in the last 10 days? If yes, date of positive sample _____	Yes	No	Yes	No
	Have you had a confirmed respiratory virus/infection such as Flu in the last 10 days?	Yes	No	Yes	No
	Do any of your household members have a confirmed COVID-19 infection?	Yes	No	Yes	No
	Are you or any member of your household/family waiting for a COVID-19 test result?	Yes	No	Yes	No
	Have you had contact with someone with a confirmed diagnosis of COVID-19, or been in isolation with a suspected case in the last 10 days?	Yes	No	Yes	No
<b>Symptoms</b>	Do you have any of the following symptoms? <ul style="list-style-type: none"> <li>High temperature or fever? Means you feel hot to touch on your chest or back (temperature measurement not needed)</li> <li>New, continuous cough? Means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)</li> <li>A loss or alteration to taste or smell?</li> </ul>	Yes	No	Yes	No
	Do you have any new or worsening respiratory symptoms not already mentioned which suggest you may have a respiratory virus? <ul style="list-style-type: none"> <li>Blocked or runny nose</li> <li>Sore throat</li> <li>Sneezing</li> <li>shortness of breath</li> <li>feeling tired or exhausted</li> <li>an aching body</li> <li>a headache</li> <li>loss of appetite</li> <li>diarrhoea</li> <li>feeling sick or being sick</li> </ul>	Yes	No	Yes	No
	Do you have other symptoms of an infection e.g. Unexplained rash?	Yes	No	Yes	No
<b>Immune status</b>	Do you have any underlying conditions listed which increase your risk of developing severe COVID-19 infection? (e.g. cancer, organ transplant, renal dialysis, liver cirrhosis, etc),	Yes	No	Yes	No
	Have you received notification confirming that you are clinically vulnerable and eligible for additional Covid-19 vaccines and access to new NHS Covid-19 treatments?	Yes	No		

